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Scottish Exec opts for repeat supply pilot

*NICE criticised over
MS consultation*

*Report warns of
herbal interaction*

*Cutting prescription
costs the French way*

*Moss opens first Total
Health concept store*

*UniChem launches
stakeholder pension*



*Geriatric care: aids
to independence*

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

News	4	News Extra	17
Hospital Report	7	Business News	29
Topical Reflections	7	Classified Advertisements	31
Medical Matters	8	Business Link	33
Counterpoints	10	People	34

COMMENT

Given the harsh competitive environment, pharmacists need to think radically to survive. Which partly explains why Moss has chosen open P medicine displays in its first Total Health store. The medicines are currently 'blocked' by a plexi-glass, but Moss will remove that when the store has been running for a while to monitor the results.

In doing so the chain joins Lloydspharmacy and Numark in piloting self-selection on P medicines. Boots The Chemists, for all its recent innovations, remains surprisingly quiet in this area.

But how will Moss et al gauge the success of these schemes? It cannot be just pure sales - pharmacists involved could conceivably deter customers from buying certain P medicines, if they felt the medicines did not suit customers' needs.

If the displays were made permanent, and this would need permission from the Royal Pharmaceutical Society, would the medicines have sales targets, like other products? Such targets could put pharmacists under pressure, no matter how stringent their supervisory procedures.

Surveys, including our recently completed Business Trends, suggest that most independents oppose self selection on P medicines. Like the NPA, they fear the move will eventually lead to a merger of the P and GSL categories.

For now, the trend for self selection P medicines is gathering momentum and may well become unstoppable if the pilots become permanent fixtures.

We need such progressive ideas, no matter how controversial because what alternative do we have? In a world where, only this week, Tesco revealed big plans to move into complementary medicines, we cannot afford to be over-cautious.

Repeat supply pilot

Alison Strath (right) will trial a repeat prescribing and dispensing system in her pharmacy in Elie

Nice responds to MS backlash

NICE has set out its position in response to concerns over its forthcoming guidance on MS drugs

Lambeth to look at Race Relations Act

The RPS is to prepare a policy document on forthcoming race relations legislation

Market Watch

Abolition of RPM has not increased supermarkets' analgesics market share, says Information Resources

News extra: NHS Plan

Hemant Patel warns of the implications for pharmacy of a recent NHS document

Geriatric care: Moving on

How pharmacists can help meet the demand for mobility equipment, and help the hard of hearing



Prescription for change

How a West-Country doctor fared when he carried out a review of prescribing costs in his practice

The silent killer

Pharmacists can help to combat the serious and sometimes fatal problem of solvent abuse

French concoctions

Media reports suggest that most new medicine marketed last year in France were ineffective

Moss' new concept store: devoted to health

Moss will pilot the open display of P-medicines in the first of its Moss Total Health concept stores

UniChem offers a 'simple' stakeholder pension

Unichem launches a scheme to be run by pension and investment specialist NPI



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CMP



CHI notes Gwent's "clear direction" in pharmacy clinical governance

The Commission for Health Improvement has noted the successful commitment to clinical governance in pharmacy in its Review of Gwent Health Authority.

Both pharmaceutical and dental contractors "appear to have a reasonably clear direction relating to clinical governance from their own professional bodies," including local pharmaceutical committees and the Pharmaceutical Societies Inspectorate [sic], says the report, issued on August 2.

"The LPC and local health groups have been successful in establishing a baseline assessment for clinical governance in community pharmacy. There was however uncertainty about the next steps for developing and resourcing the development of clinical governance."

The report also notes that there was "good evidence" of joint working between prescribing advisors and the postgraduate pharmacy department at Cardiff University, with PhD students carrying out research involving the Health Authority. "This has the ability to support the medicines management agenda."

However, it was concerned for healthcare research as a whole, and also expressed disappointment that there did not appear to be a widely appreciated, locally developed implementation plan for the roll-out of nurse prescribing. Although the nurses had completed their training, the CHI review team was unable to establish the time frame for the next stages of the programme, despite all eligible nurses in Wales having to be trained by 2002.

Scots executive accepts trial repeat supply system

A repeat prescribing and dispensing system has been accepted for trial by the health department in Scotland.

The system has been proposed by Alison Strath, a member of the executive of the Royal Pharmaceutical Society in Scotland, and will be trialled in her pharmacy in Elie, Fife, in conjunction with the local medical practice (see box)

"We are testing the system to make sure that what we have proposed works in practice," said Ms Strath. "We will also be able to check that the procedures are safe and produce a guide for others to use."

The scheme will begin within the next two to three months when the software that allows the GP to produce the "master and slave" prescriptions easily is ready.

This paper-based system is an interim measure until electronic systems become available as part of future plans for the electronic transfer of prescriptions.

Ms Strath was commissioned to review the options for repeat prescribing and dispensing systems and make recommendations to the Scottish Executive's Primary Care Unit. This followed a commitment in *Our National Health*, Scotland's NHS plan, to improve the provision of repeat medication to patients.

In her report two other main options to be used in Scotland were discussed but rejected:

- The New Zealand model - the GP produces two three-monthly repeatable prescriptions endorsed "dispense monthly".

This was rejected because it involved more handling of paperwork

for pharmacists and the Practitioner Services Division.

- The Republic of Ireland model - the GP issues two triplicate carbonated copies of the patient's monthly prescription.

This was rejected as it requires redesign of the prescription form and may need additional printers or hand-written prescriptions.

Appendix One of the report included the outcomes of repeat dispensing systems that have been trialled in the UK and abroad.



Alison Strath

In her report, *Repeat prescribing and Dispensing Systems: An Option Appraisal*, Ms Strath explored various systems that have been used previously.

She recommended a "master and slave" prescription system because it can be adapted to meet local needs and minimises disruption in the surgery, pharmacy and at the Practitioner Services Division.

The GP issues a "master" prescription for a six-month supply of repeat medication along with unsigned "slave" prescriptions for the instalment quantities, at an agreed interval of 28 or 56 days.

The "slave" prescriptions act as a trigger for reimbursement each time an instalment is dispensed.

The "master" and "slave" prescriptions all bear the same identification number for the purpose of collation of information at PSD.

The pharmacist and GP will have previously agreed the frequency and nature of monitoring of the patient's

specific conditions during the six-month period.

Appendix Two of the report is a proposed contract for pharmaceutical care of the patient which details the GP's and pharmacist's responsibilities under the scheme.

Patients are given a patient summary containing a diagnosis and previous relevant medical history. A hand-held medication record book is filled in by the pharmacist after each dispensing episode. This allows for the exchange of information between all parties.

Ms Strath recommended this option as it will be possible to build in medication reviews and therapeutic drug monitoring in the future. In her report she also says: "This option builds a platform for the development of a new remuneration model for pharmacists based on the standard of care provided to patients as opposed to prescription volume numbers".

Copies of the report are available from the Scottish Executive on 0131 244 2305.

Pharmacists in Wales projects could help teenagers quit smoking

Pharmacists in Wales are invited to apply for funding to set up pilot projects that could help teenagers give up smoking.

The National Assembly's Health and Social Services minister, Jane Hutt, has announced that £40,000 is available to organisations with experience of running projects for young people and of working in partnership with young people's organisations.

The pilot projects will be aimed at 14-19 year olds and will work to enhance their decision-making skills and willpower. It is planned they will

take place in settings familiar to young people, eg schools and youth centres.

Research suggests that two-thirds of 15 year-olds have experimented with smoking, more than a quarter smoke at least weekly and half of 16 year-old smokers would like to give up.

The pilots will run from October to March. Pharmacists interested in applying should contact Meurig Roberts at the National Assembly's health promotion division on 02920 826246, or e-mail Meurig.Roberts@wales.gsi.gov.uk.

Completed application forms must be returned by August 24.

C&D Directory discount for readers

C&D readers are being offered a 10 per cent pre-publication discount on the new *Chemist & Druggist Directory* - 2002 edition (discount price £116).

Now in its 133rd edition, *Chemist & Druggist Directory* is the only directory available that covers all aspects of the pharmaceutical industry, in one handy volume.

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Consumers Association alert on interaction under-reporting

The Consumers Association (CA) is warning that doctors and pharmacists are not reporting interactions between herbal products and conventional drugs properly.

In its August issue of *Health Which?* the CA says under-reporting of possible harmful interactions is a problem. Since 1996, the Medicines Control Agency (MCA) has only received 49 reports about possible herb-drug interactions; of these, 37 concern St John's wort.

Sue Freeman, managing editor of *Health Which?* said: "Doctors and pharmacists should take their reporting responsibilities seriously – the more information that can be gathered about possible interactions, the better."

Although the CA concedes that it is likely the vast majority of reactions are harmless, this is not a view shared by Professor Edzard Ernst, director of the University of Exeter's Department of

Complementary Medicine, who commented: "The problem should be taken much more seriously." Doctors are not spotting important interactions and the number of problems will rise as more people turn to herbal medicine, he added.

However Michael McIntyre, chairman of the European Herbal Practitioners Association, said herbal medicines have been widely used for many years and, if interactions were a

sizeable problem, it would be more obvious.

There was some agreement between Professor Ernst and Mr McIntyre, who both said they would like to see patients reporting adverse reactions directly to the MCA.

The herbal medicines market is worth £2,100 million in the UK and 30 per cent of people use herbal medicine and conventional drugs together, says the CA.

NICE responds to media backlash on MS drugs

The National Institute for Clinical Excellence has responded to concerns over its forthcoming guidance on multiple sclerosis (MS) drugs.

On Tuesday it set out its position after confidential appraisal documentation on the use of beta interferon and glatiramer for MS was leaked to the press.

NICE, which does not normally comment until the appraisal process is complete, explained that the leaked information was a consultation document only and that guidelines had not been issued yet, contrary to suggestions in several newspapers this week.

According to NICE, about 2,000 patients in Britain are taking the drugs but the Multiple Sclerosis Society (MSS) believes that 10,000 could benefit in total. The sticking point appears to be the estimated £7,000 - £10,000 annual cost per patient of treatment. Only 2-3 per cent of MS sufferers receive the drugs in this country, compared with 12-15 per cent in other European countries.

NICE has concluded that:

- on the balance of their clinical and cost effectiveness, neither beta interferon or glatiramer acetate is recommended for the treatment of MS in the NHS in England and Wales.

- as it is likely that patients currently receiving these treatments for MS would suffer loss of wellbeing if their treatment is discontinued, consultants may continue therapy until appropriate to stop.

NICE added that the Department of Health and the manufacturers of the medicines concerned could come to an agreement and make the drugs more cost effective.

According to Tuesday's *Financial Times*, the DoH was considering a deal on costs with the drug companies involved. This could involve a central purchasing contract in which the NHS might agree a fixed contract over a period, or might not pay for drugs if they didn't work, added the FT.

NICE will meet again on September 25 to consider further comments from

consultees and hopes to issue final guidelines in November 2001.

"Dismayed" reactions

Peter Cardy, chief executive of the MSS, said: "If the leaked information is correct, we are dismayed, but not entirely surprised." He said that the cost effective measures used by NICE were too crude to assess a complex disease like MS, adding: "How much longer must their [MS sufferers'] agony go on, as month by month more of them become too disabled to qualify?"

The Liberal Democrat spokesman for older people, Paul Burstow MP, said: "This decision is politically motivated rationing dressed up as a clinical evaluation. I can see no logic to NICE's decision that patients already prescribed beta interferon can have the drug but new patients cannot – either the drug is effective or it is not."

The Royal Pharmaceutical Society is one of the consultees on the proposals.

Handbook on implementing NICE recommendations launched

The National Prescribing Centre has issued a handbook on implementing guidance issued by the National Institute for Clinical Excellence.

Intended for use by clinicians, including pharmacists and managers working within the NHS, the book has been written as a practical guide on how to adopt and monitor NICE guidance. It may also be helpful in implementing other key guidance.

Implementing NICE Guidance: a practical handbook for professionals looks at how NICE guidance is issued, who is responsible for implementation and monitoring of the guidelines, how

a local approach to implementation can be developed, and use of audit.

The appendices include checklist and aids and practical examples, and suggested further reading is included throughout the book. Included with each example is a contact person.

In the foreword, NICE chairman Professor Sir Michael Rawlins points out that, while NICE does not have a remit for implementation of its guidance, it wants to help those that do. Hence, the Institute has supported the NPC in producing the book to assist in the local implementation of NICE guidance.

NPC director Clive Jackson says that both clinicians and NHS managers will all have to get involved at some level in the implementation of NICE national guidance. "The handbook includes references to the need to involve and get input and views where relevant from community pharmacists and local pharmaceutical committees," he said.

The handbook can be downloaded from the NPC website in PDF format at www.npc.co.uk/npc_pubs.htm or on the NHSnet. It is also available from the publishers, Radcliffe Medical Press, priced £24.95 (£19.95 for NHS staff). ISBN 1 85775 524 3.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in July:



- Physiology of the heart (1205)
- Male testosterone therapy (1206)
- Pain relief in cancer (1207)

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 08705 441188.

Internet users can catch up by accessing the [dotPharmacy](http://dotpharmacy.com) site at: www.dotpharmacy.com

The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.

IN BRIEF

RPSIS registration ceremony

A registration ceremony for new members will take place at the Royal Pharmaceutical Society Scottish Department's premises at 36 York Place on October 24, at 7.30pm. Further details are available from Dr Sheila Stevens at the Scottish Department. Tel: 0131 556 4386.

Bayer withdraws Lipobay

Bayer has withdrawn all dosages of its cholesterol-lowering drug, Lipobay (cerivastatin). A statement on Wednesday said the drug was being withdrawn due to increasing reports of side effects involving muscular weakness when the drug is taken with gemfibrozil, despite label warnings advising that the two drugs should not be taken at the same time. A spokesman added that the Medicines Control Agency would be issuing a statement to health professionals.



Clive Jackson: topped poll for faculty board

CPP elects faculty members

The College of Pharmacy Practice has elected board members for its Faculty of Prescribing and Medicines Management. The successful candidates selected in July are:

- Joe Asghar
- Peter Burrill
- Anne Coppel
- Clive Jackson
- Christine Macrae
- Richard Seal

Hemant Patel narrowly missed out on election.

This is the first faculty to be set up by the College. Others are expected to follow (*C&D* March 24, p 5) with the aim of developing standards that are recognised on a national basis.

The board was to meet after *C&D* went to press to elect its chairman who will become a governor of the College, and to draw up the faculty's action plan.

● CPP is holding a seminar entitled "Working successfully with PCGs/PCTs - progressing the NHS plan" on Wednesday, October 3, at the Jarvis International Hotel, Solihull.

The aim of the seminar is to give practitioners the opportunity to learn of the progress made to date in developing medicines management services. Further information is available from CPP on 024 7669 2400.

CPP fellows announced

The College of Pharmacy Practice has announced that three members have been awarded College fellowships.

The new fellows are:

- Joe Asghar, regional pharmaceutical adviser and pharmacy director for the NHS Mersey and Yorkshire Region
- Susan C. Hall, teaching fellow at the Welsh School of Pharmacy
- Sheila Woodrey, principal pharmacist at Wansbeck General Hospital in Northumberland and honorary lecturer at the University of Sunderland School of Pharmacy.

Race Relations Act under consideration at Lambeth

A policy document relating to race relations is to be prepared by the Royal Pharmaceutical Society.

At the Society's July Committees meetings, the Law and Ethics Committee requested that a policy document be drawn up over the Race Relations (Amendment) Act 2000 which came into force on April 2.

The new Act makes it unlawful for public authorities, including the Society, to discriminate on racial grounds in carrying out any of its functions. It also places a general statutory duty on a wide range of specified public authorities to promote racial equality and eliminate racial discrimination.

It is thought that the Society, along with other self-regulating healthcare bodies, will soon be brought under the

scope of the Act, following Home Office proposals.

Other matters discussed included:

● **P to GSL switches** The Society is to express concern about the risk of confusion over the proposed new pack sizes of paracetamol suspension that would be allowed on the General Sales List. It is also concerned about pack size limits for GSL medicines, such as paracetamol and aspirin, as the Professional Standards Directorate has evidence that the limits are virtually unenforceable outside pharmacy. In particular, sales of multiple packs are circumventing the regulations.

The Law and Ethics Committee had no objection on the grounds of public safety to add cetirizine and loratadine to the GSL, although it recognised a num-

ber of concerns would be expressed.

● **Support staff** The Practice Committee is to prepare a paper on the use of trained support staff in the dispensing process, including self-checking off accuracy by non-pharmacists. This is to be presented to the October Council meeting.

● **Schools of pharmacy** The Education Committee is monitoring progress with plans for two new schools of pharmacy.

Representatives have visited the University of East Anglia which is expected to make a decision on whether to pursue a new School during the next few months. A meeting was also to take place with the Universities of Greenwich and Kent which would mark the universities' shared pursuit of a new pharmacy school.

USA debates ethics of DTC advertising

Consumers cannot distinguish between impartial drug information and biased direct-to-consumer (DTC) advertising, a US group has claimed.

EthicAd has warned the variation between manufacturer approaches is misleading the public.

EthicAd, a non-profit organisation comprising academic healthcare community leaders, made its comments as the US Senate reviews the effects of DTC advertising on prescribing costs.

"Consumers have no way to differentiate between educational programs promoting their own welfare and pro-

grams designed just to promote the welfare of the sponsor," said Dr Michael Shaw, executive director of EthicAd. He stressed the need for voluntary industry standards to assure that DTC advertising is reliable, unbiased and trustworthy.

Nancy Ostrove, deputy director of the US Food and Drug Administration's (FDA) division of drug marketing, advertising and communications, said, despite some concerns, there was no evidence as yet that DTC advertising was increasing inappropriate prescribing.

Nancy Chockley of the National

Institute for Healthcare Management disagreed and said preliminary analysis of drug spending in 2000 found that sales of the 50 drugs most heavily advertised rose by 32 per cent compared to 14 per cent for all other drugs.

Meanwhile, physician Gregory Glover, speaking on behalf of the Pharmaceutical Research and Manufacturers of America, said DTC meets the increased demand of consumers for information about their treatments and this was intended to start a dialogue between patients and doctors.

RPSGB seeks 31pc rise in membership fee

The Royal Pharmaceutical Society has announced it intends to increase the membership fee from £142 to £186.

At its meeting this week, the Society's Council agreed it would seek Privy Council permission for the increase. In addition, the Council also agreed to seek a 5 per cent increase in the premises fee in line with increases in salary and travel costs. New graduates entering the register after the beginning of 2002 would pay a reduced fee.

The increase in funding is being sought "to resource constitutional change and new areas of professional and regulatory activity that meet the Government's quality agenda and modern public expectation of health professionals".

In a statement on Wednesday, the Society identified the key areas of activity that the Society needs to undertake:

- constitution, regulation and discipline - "the Society faces a far-reaching programme of modernisation of its structure and working practices"
- continual professional development and life long learning
- clinical governance - although initial work in England was supported by the Government, the support has now moved to a local level. Ongoing and new work in England, Scotland and Wales must be funded by the profession
- practice research - to create the evidence base for pharmacy in the areas of workforce, ethics and education.

The Society's total membership fee

income was £6 million in 2000. Of this, £1.2m was derived from premises fees designed to pay for the inspectorate. During the past decade, the retention fee has only risen at, or below, the rate of general inflation.

The Society's president, Marshall Davies, said that these inflationary increases were made although the scope of activity had broadened during that time. However, Mr Davies said that, although the proposed fee increase would be in line with the first phase of meeting the Government's agenda, "for future years, we will need to consider the level of fee to meet future Government and professional requirements and explore other sources of funding, including from Government."

Optimistic about Health Boards

In a perfect world, Health Boards would make informed decisions by involving all the healthcare professions. But the real world isn't like that...until now perhaps?

The Scottish Executive Health Department has outlined the role and functions of the Area Clinical Forums (ACF) to be set up in each Health Board area. The Scottish Health Plan, "Our National Health", emphasised the importance of involving all clinicians in decision-making and the need for the Boards to draw on all the professional skills available in their area. Hopefully, pharmacy will fare quite well.

"The LHCC member will probably be a doctor, but could be from any one of the other professions"

The new guidance lists the seven Area Professional Committees expected in each Health Board Area: medical, dental, nursing, pharmaceutical, optical, professions allied to medicine and a Local Health Care Co-operative (LHCC) Professional Committee. The reference given for information on setting up the last committee is not available on the website. I hope all LHCC pharmacists already have a copy to allow them to get involved. The LHCC committee member will probably be a doctor, but could be from any one of the other professions. In the ACF, no one profession will have a veto.

The ACF will be made up of the Chairs of the seven committees and is intended to support the work of the Board, improve communication between the professions and promote multidisciplinary working. The Board can also request advice from one of the multidisciplinary committees if that profession is the only one affected.

The Chair of the ACF will be a full member of the Health Board, with corporate responsibility for ensuring the Board's decisions are carried out.

The Health Department will set goals for the Board and the ACF will share the responsibility for achieving them. Much depends on how willing the professions are to work together. If they do, there will be benefits to all. If they don't, I don't think the Health Department will hesitate to take action.

Written by a senior hospital pharmacist

Xrayser

Topical Reflections

Fools rush in...

A year ago the internet was thought to be the next revolution threatening to irrevocably change the face of community pharmacy. Diagnose, prescribe and dispense, browse, select and supply - both sides of convention under threat from the unstoppable march of e-commerce.

A year later and the reality is a world that is rapidly learning to use the internet to complement existing systems rather than replace them. As the microwave did not make the conventional cooker redundant, so the internet has not destroyed me, although a few other fingers have been burnt. Only last week, Superdrug stopped direct .com trading and reverted to a bulletin board.

With a sigh of relief I now no longer see the internet as a threat, but as yet another tool to be utilised when required. The future will be clicks and mortar, but with a very strong caveat against too rapid development of the clicks. The downside of the internet has been its uncontrolled development, which makes it vulnerable to breaches of security.

Electronic viruses are an increasing threat to the structure of the net and any future system that totally relies upon the electronic solution could be instantly brought to its knees, intentionally or unintentionally, by an electronic glitch.

The NHS is presently rushing with worrying haste into the unknown territory of just such a system, where the temptation of quantum-sized benefits has so far overwhelmed all calls for reasoned caution. So, before paper is finally made redundant, it is essential that its electronic alternative has been proven to be 100 per cent reliable. Anything less would be potentially disastrous.

Adaptable pharmacists

The annual statistics of pharmacy contracts (C&D 4 August p23) make interesting reading. They confirm that the numbers are relatively static, as they have been for several years, while the geographical distribution is



slowly changing to provide a more widely-dispersed service.

I have seen little evidence this year of controversial applications, or of communities being deprived of service owing to the perversity of the regulations. Overall publicity has declined to the point where the system appears to be working effectively. If the system works why change it? This is the message that comes out of these statistics, loud and clear.

The only cloud on the horizon is the possibility of enforced change around one-stop primary care centres, with political ideology running the risk of undermining existing services. But even here there is light.

Recently a consortium of local pharmacists in Manchester opened a pharmacy in a new primary health centre, but closed an existing pharmacy to maintain the number of local contracts. Local pharmacists adapting to local need without the necessity for central intervention. Surely an excellent example of the Government's stated aim for devolved health responsibilities.

Fine words, but no solutions

It was nice to read of the Health Minister, Hazel Blears' enthusiasm for utilising my skills in the new NHS.

(C&D 4 August p5). She was also right to highlight the irony of pharmacists training nurses to prescribe because it is around nurse roles and responsibilities that future battles may be fought, and not just with pharmacists.

A recent report to the NHS' health technology assessment programme (Guardian 31 July) highlighted the tensions that exist between nurses and junior doctors in hospitals, where many of the jobs previously done by the junior doctor are now being taken on by nurses to reduce pressure on the doctors. Here the irony is that neither profession approves of the changes - the doctors are wary of being replaced by nurses while the nurses resent being used as poorly-paid technicians to relieve the pressure on doctors without their traditional role being acknowledged.

Teamwork as an ideal sounds logical, but all members of a team must have defined roles, otherwise personal motivation is lost. In this power game, nurses have been provided the opportunity to be nurses, doctors and pharmacists in varying degrees at the same time. In the process they themselves suffer a crisis of identity.

Ms Blears identified some very real problems. So far she has not proposed any real solutions.

Medical matters



IN BRIEF

Intravaginal ring

Menoring 50, an intravaginal ring, which delivers 50 micrograms of estradiol acetate a day for three months from a reservoir containing 12.4mg of the hormone, will be available on prescription from 1 September. NHS cost of one ring is £29.50. It is indicated for relief of post-menopausal symptoms in hysterectomised women.

Galen

Tel: 028 3833 4974

MSD deletes Hydrosaluric

MSD has deleted Hydrosaluric (hydrochlorothiazide) 25mg and 50mg tablets after a product review. Stocks of the 50mg tablet will run out this month and those of the 25mg tablet in September. Alternatives are available and patients should not be adversely affected.

Merck Sharp & Dohme

Tel: 01992 467272

Smaller Tramadol pack

Dominion Pharma has added a smaller pack (30 capsules) of the painkiller for moderate to severe pain, Tramadol Hydrochloride 50mg Capsules, to its product range. POM, NHS basic price £2.99.

No longer black triangle

Simulect (basiliximab) from Novartis is no longer black triangle status. And the licence for Voltarol Ophtha (diclofenac) and Salagen (pilocarpine) has now been transferred to Novartis Pharmaceuticals. Novartis is now dealing with the following products formerly from Ciba Vision: Hypotears; Lidcare; Livostin Eye Drops; Miochol; Oculotect; Okacyl Eye Drops; Teoptic; Viscotears; Visudyne; Vitravene.

Novartis Pharmaceuticals UK Ltd

Tel: 01276 698596

New from Generics (UK)

New under the Generics label are: allopurinol 100mg and 300mg; cephalexin 250mg 28(CRC); frusemide 20mg 28(CRC), 40mg 28(CRC); quinine bi-sulphate anti-malarial 300mg 28(CRC); quinine sulphate 300mg (2 x 14); metformin 500mg (21 x 4), 850mg (14 x 4); verapamil 40mg (21 x 4), 80mg (21 x 4), 120mg (14 x 2), 160mg (14 x 2); pentazocine tablets 25mg (2 x 14), 50mg (2 x 14).

Generics (UK) Ltd.

Tel: 01707 853000

Low cholesterol in elderly may pose added death risk

Low cholesterol, a key objective for reducing cardiovascular disease could be linked to higher death rates in the over-70s, according to a study in *The Lancet*.

High blood cholesterol concentration is directly related to mortality in the under-65s. However, previous studies have not included many people older than 70.

In a longitudinal population study -

part of the Honolulu Heart Programme - Dr Irwin Schatz and colleagues from the University of Hawaii measured the cholesterol levels of about 3,500 Japanese/American men aged 71-93 in the early 1990s. They compared their cholesterol levels with those taken 20 years earlier.

The team looked at deaths in relation to cholesterol levels.

Overall, average cholesterol concen-

trations decreased with increasing age of the person in the study.

The men were divided into four groups according to cholesterol levels. Surprisingly, the highest death rate was in the group with the lowest cholesterol levels.

Dr Schatz said: "These data cast doubt on the scientific justification for lowering cholesterol to very low concentrations in elderly people".

NICE go-ahead for ovarian cancer drug topotecan

The National Institute for Clinical Excellence (NICE) has recognised that Hycamtin (topotecan) has an important role to play in the treatment of ovarian cancer.

"Topotecan should be considered as one of the treatment options for women with advanced ovarian cancer if first-line chemotherapy has not been successful," advises NICE. The drug is not recommended for women who are mainly or completely confined to bed and cannot carry out self-care. NICE says it is also not recommended for women who have a cancer-related obstruction in their bowel, or who have already been treated with topotecan or another drug of the same type.

Only oncologists specialising in chemotherapy for ovarian cancer should supervise treatment.

Hycamtin, produced by GlaxoSmithKline, is derived from an oriental tree and prevents DNA replication in cancer.

GlaxoSmithKline in conjunction with Merck Pharmaceuticals (the UK distributor) welcomed the recommendation of NICE.

About 6,500 women a year are diagnosed with ovarian cancer.

In May this year, NICE issued guidance recommending that Taxanes such as Taxol, in combination with cisplatin or carboplatin, should be standard initial therapy following surgery.

Gene makes HIV drugs less effective

Drug therapies used in treating HIV may be less effective in West Africans and African Americans. Researchers at the Institute of Clinical Pharmacology, Stuttgart, Germany, say that the reason may be a specific mutant gene which influences the expression of a glycoprotein transporter protein involved in the body's resistance to drugs.

In a letter in *The Lancet*, August 4, researchers tell how they randomly selected West African, African/American, Caucasian and Japanese subjects. They found those of African ancestry were over three times more likely than Caucasians to have the mutation. This could affect the use of drugs such as HIV01 protease inhibitors and ciclosporin in African populations, say the researchers.

6.4 million Britons suffer heartburn

A consumer survey commissioned by GlaxoSmithKline's Zantac 75 and Zantac 75 Relief, through market researchers Taylor Nelson Sofres, has revealed that heartburn and indigestion could have a moderate to severe impact on up to 6.4 million adults.

Of more than 2,000 people surveyed in Britain, 49 per cent said they suffered, and in 44 per cent of them the symptoms were so intense that they could not sleep properly.

Dose response with fluticasone in asthma

A meta-analysis of eight studies involving 2,324 asthma patients - adolescents and adults - using inhaled fluticasone has shown that most of the therapeutic benefit is achieved with a total daily dose of 100-250 micrograms.

The report of the study by the Wellington Asthma Research Group, Wellington School of Medicine, New Zealand, in the *British Medical Journal*, August 4, concludes that the maximum effect is achieved by a dose of around 500 micrograms per day.

The *British National Formulary* gives a dose range of 200-2,000 micrograms per day for adults.

The authors of the research report say: "These recommendations are largely pragmatic and were not based on strong scientific evidence of a clinically important dose-response relation in terms of efficacy at these higher doses".

They do say, however, that their findings were limited by the lack of dose response studies that included doses greater than 500 micrograms per day.

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Counterpoints



Carnation fights off foot fungi

Cuxson Gerrard is launching three antifungal footcare products in its Carnation range.

Antibacterial Foot Wipes contain the active ingredient tolnaflate to protect against foot fungi and are presented in a handy dispenser pack.

Antifungal Foot Spray, which also contains tolnaflate, is formulated to provide refreshment to hot, tired, aching feet.

Athlete's Foot Cream contains clotrimazole to quickly

relieve itching and soreness and clear the infection. It is GSL licensed and comes in a 20g tube.

All three products retail at £2.99.

**Cuxson
Gerrard & Co
Ltd.**

Tel: 01283 540957.



Full Marks for TV head lice campaign

SSL International will support its Full Marks Mousse head lice treatment with its biggest ever TV campaign this autumn.

The £750,000 national TV campaign, which includes 30 second

and 10 second commercials, will be on air from August 20 until September 16.

A range of PoS material for pharmacies is available to reinforce the campaign. A leaflet for parents called 'Head lice - a head start' explains the three-step approach to dealing with head lice - detection, treatment and making sure.

In addition, an educational leaflet aimed at pharmacy assistants explains the three-step approach. It also outlines the latest British National Formulary guidance that recommends two applications of treatment, seven days apart.

SSL International plc.
Tel: 01565 625000.



In your dreams a better tomorrow

Reckitt Benckiser is supporting its Senokot constipation remedy with a £500,000 TV campaign running until the end of September.

The 'Dreams' commercial features the strapline 'Natural relief for a brighter tomorrow' conveying the message that Senokot contains a natural ingredient and works with the body to relieve occasional constipation.

Reckitt Benckiser plc.
Tel: 01482 326151.



Constipation sufferers' flexible friend

Boehringer Ingelheim is supporting its Dulco-lax Perles laxative with a £1.4 million advertising campaign targeted at women.

Eye-catching advertisements will appear in top women's titles until December. It features four open oysters containing the range of

possible child and adult doses of the pearl-shaped microcapsules.

The advertising communicates the benefits of the flexible dosage of Dulco-lax Perles, raises awareness about constipation and helps to drive sufferers into pharmacies for advice.

Boehringer Ingelheim Ltd.
Tel: 01344 424600.

Lemsip is hot news

Reckitt Benckiser Healthcare is introducing a pharmacy only non-decongestant formula in its Lemsip range.

Lemsip Pharmacy Non-Decongestant Formula has been developed specifically for those people who cannot take certain decongestants. It is suitable for people with hypertension and those suffering from a serious heart condition.

The product makes a hot lemon drink containing the maximum amount of analgesic (paracetamol 1000mg). It helps give relief from cold and flu symptoms, including bodily aches and pains and a sore throat, and helps reduce a fever.

The formulation includes added vitamin C to help raise the level of vitamin C in the body to boost the immune system's ability to fight further infection.

Retail price is £3.99 for a pack of 10 sachets.

● A website, www.lemsip.com, has just been launched for retailers and healthcare professionals. It contains

details on the Lemsip range and medical information about colds and flu.

The website is designed to support retailers by providing up-to-date information on market trends and merchandising.

It includes the weekly Lemsip Flu forecast service which tracks actual consumer purchases for each cold and flu category and predicts sales five weeks ahead.

Reckitt Benckiser Healthcare.
Tel: 01482 326151.



Nicorette steps out with fresh look

Pharmacia is introducing a new look for its Nicorette nicotine replacement therapy range.

The move coincides with the brand's move into wider distribution. Nicorette 16-hour Patch and 4mg Gum are available on GSL now and will join Nicorette 2mg Gum in supermarkets shortly.

The new design features a distinctive 'stepping stones' motif to depict the quitting process and the gradual freedom from nicotine dependence.

Nicorette Patch, Gum, Micotab, Inhalator and Nasal Spray are colour coded to clearly differentiate each product in the range for the consumer.

The new branding is featured in product information leaflets and 'Fresh Start' support packs available to pharmacies, GP surgeries and smoking cessation clinics.

Pharmacia will continue to support pharmacies with training materials and eye-catching PoS displays.

Pharmacia Consumer Healthcare
Tel: 01908 661101.



Product Information Nurofen For

Children: Suspension containing ibuprofen 100 mg/5 ml. **Prescription and OTC:** For the fast and effective reduction of fever, including post immunisation pyrexia and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain, toothache, earache, headache, minor aches and sprains. **Dosage:** For pain and fever: The daily dosage of Nurofen for Children is 20-30 mg/kg

bodyweight in divided doses. This can be achieved as follows: Infants 6-12 months: One 2.5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 1-3 years: One 5 ml spoonful may be taken 3 times in 24 hours. Children 4-6 years: 7.5 ml (5 ml + 2.5 ml spoonful) may be taken 3 times in 24 hours.

Children 7-9 years: Two 5 ml spoonfuls may be taken 3 times in 24 hours.

Children 10-12 years: Three 5 ml spoonfuls may be taken 3 times in 24 hours. Not suitable for children under 6 months of age unless advised by your doctor. For Juvenile Rheumatoid Arthritis: The usual daily dosage is 30 to

40 mg/kg/day in three to four divided doses. For post immunisation pyrexia:

One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours later

if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration. For short term use only.

Contraindications: Hypersensitivity to any of the constituents. Patients with a history of, or existing peptic ulceration.

Patients with a history of asthma, rhinitis or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs.

Precautions and Warnings: If symptoms persist for more than 3 days, consult your doctor. Do not

exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers,

anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor

before taking Nurofen for Children. Nurofen for Children is not suitable for

patients who have a stomach ulcer or other stomach disorder. Not recommended for children under 6 months

unless advised by a doctor. **Side effects:** Hypersensitivity reactions have

been reported following treatment with ibuprofen. These may consist of

(a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract

reactivity comprising of asthma, aggravated asthma, bronchospasm or

dyspnoea, or (c) assorted skin disorders, including rashes of various types,

pruritis, urticaria, purpura, angioedema and, more rarely, bullous dermatoses

(including epidermal necrolysis and erythema multiforme). Side effects are

rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal

bleeding and peptic ulceration. Also very rarely thrombocytopenia has been

reported. Bronchospasm may be precipitated in patients with a history of

aspirin sensitive asthma. **Product Licence Number:** PL 00327/0085.

Licence Holder: Crookes Healthcare Limited, Nottingham, NG2 3AA. **Legal Category:** P. **Price:** Pack size 100ml: £3.35 Pack size 150 ml: £4.59. **Date of preparation:** June 2001. NU281.



Nothing cools kids faster, further or for longer

Because it works where it's needed, nothing else gives faster, further or longer lasting relief from fever than ibuprofen – the active ingredient in Nurofen for Children. Which means there's nothing else quite like it for keeping children cool and parents calm.

In the picture for Christmas

Kodak is introducing a new range of Kodak Advantix camera gift packs aimed at helping retailers maximise on seasonal gift opportunities.

Each gift pack will contain a camera, film (Kodak Ultra or Kodak Ultra Zoom), photo frame, case, strap and batteries.

An added-value voucher book offering more than £15 worth of savings on Kodak products is also included.

Retail prices range from £29.99 for the Kodak Advantix F320 Auto camera to £139 for the Kodak Advantix T700 Zoom camera.

The Kodak Advantix cameras will be supported by a £3 million TV and press campaign during the Christmas season.

Kodak Ltd.
Tel: 01442 261122.



Average unit price

	Asda		Sainsbury's		Tesco	
	21st July 2001	28th July 2001	21st July 2001	28th July 2001	21st July 2001	28th July 2001
Nurofen tablets 16s	1.14	1.14	2.30	2.29	1.14	1.14
Anadin Extra 16s	1.28	1.28	1.08	1.08	1.28	1.28
Rennie 24s peppermint	1.18	1.18	1.69	1.69	1.19	1.19
Benylin Chesty Cough 125ml non-drowsy	2.71	2.71	3.39	3.39	3.40	3.40
Sanatogen Gold A-Z 90s	4.97	4.97	9.96	9.99	4.98	4.98
Calpol Sugar Free 10X5ml sachets	1.37	1.37	2.75	2.75	2.75	2.75
Vicks Vaporub 50g	2.99	2.99	2.99	2.99	2.99	2.99
£45 cream 50g tube	1.85	1.84	1.89	1.89	1.85	1.85

A weekly review of data from Information Resources, which shows how key grocers are reacting to the abolition of RPM

L'Oréal gels with new colorants

L'Oréal is launching a new range of permanent gel hair colorants with a low ammonia formula.

OpenColor is aimed at women under 35 who may be reluctant to colour their hair at home.

L'Oréal says the range is designed to sit between existing permanent colorants and tone-on-tone colorants.

The range comprises 20 shades, formulated to softly brighten the natural colour. It is designed to "lift" the hair colour by just one level, enhancing the natural highlights.

The products come with two applications of conditioner - one for the colouring session and one to be used a few weeks later.

Retail price is £6.99.
L'Oréal Group UK.
Tel: 020 8762 4000.



Sensodyne adds gentle touch to TV

GlaxoSmithKline Consumer Healthcare is supporting its Sensodyne Gentle Whitening toothpaste with a national TV campaign until the end of August.

Two 10-second Gentle Whitening commercials - "Black Coffee" and "Red Wine" - appear at the end of selected commercial breaks opened by the main Sensodyne "Cold Shower" advertisement.

The advertising is part of a £5m package this year. Further TV coverage for Sensodyne Gentle Whitening is planned for later in the year.
GlaxoSmithKline Consumer Healthcare.
Tel: 020 8560 5151.

Time to stand up for change

Procter & Gamble is launching a new pull-on nappy for older babies in its Pampers range.

Pampers Easy Up Pants are aimed at babies aged between 10 and 24 months who are standing or walking. P&G says that they are not toilet training pants.

Features include a soft, stretchable waist and stretchy side panels which tear down, allowing for quick and easy removal.

A discreet pull-down tape on the back of the nappy ensures it can be rolled up and securely fastened for disposal.

The product is available in two sizes - Maxi and Junior. Carry packs retail at around £5.65 and Economy packs at around £8.99.

The launch will be supported by TV and print advertising, direct mail and a sampling campaign.
Procter & Gamble UK.
Tel: 0191 279 2000.

Clairel sees three shades of red



Bristol-Myers is introducing three new red shades in its Clairel Nice'n Easy range of permanent hair colorants.

Natural Warm Chestnut Red, Natural Deep Red and Natural Dark Mahogany Red have been specially developed for the UK market.

The new shades are formulated to

add natural and rich looking red tones and provide 100 per cent grey coverage.

The Nice'n Easy range now includes 32 shades.

Retail price is £4.99.
Bristol-Myers Co. Ltd.
Tel: 01895 628000.

ON TV NEXT WEEK

Aquafresh toothpaste: All areas except U, CTV, GMTV

Canesten Once: TT, C4, Sat

Hedex: Sat

Imodium: All areas + C5

Just for Men: All areas

Listerine: All areas

Nurofen for Children: C, CAR, C4, C5, GMTV, Sat

Odor Eaters: All areas

Panadol: U

Seabond: All areas

Senokot: All areas

Sensodyne toothpaste: All areas

Solpadeine: GTV, STV, B, G, Y, C, HTV, TT

Pharmasite for next week: Yariba - Window, Nozovent - In-store,

Canesten Once - Dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

DOUBLE WWWHAM-Y



New, **pharmacy only**, double strength (10% ibuprofen) gel.

Product information. Nurofen Gel Maximum Strength: For topical administration containing ibuprofen 10%w/w. **Indications:** For the relief of pain and inflammation associated with backache, non-serious arthritic conditions, traumatic and muscular pain, sprains, strains, sports injuries and neuralgia. **Dosage:** Adults, the elderly and children over 12 years: Squeeze 2 to 5cm of the gel (50 to 125mg ibuprofen) from the tube and lightly rub into the affected area until absorbed. The maximum number of applications of 5cm gel in 24 hours is four. Wash hands after each application. The gel should not be repeated more frequently than every four hours. Do not exceed the stated dose. Review treatment after 2 weeks, especially if the symptoms worsen or persist. Children under 14 years: Do not use on children under 14

years of age except on the advice of a doctor. **Precautions and Warnings:** Apply with gentle massage only. Avoid contact with eyes, mucous membranes and inflamed or broken skin. Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. The label will state: Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if you are allergic to ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if you are taking aspirin or any other pain relieving medication, you are pregnant. Not recommended for children under 14 years. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of

a) non-specific allergic reaction and anaphylaxis. b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and less commonly, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal: abdominal pain, dyspepsia. **Product Licence Number:** PL 10972/0082. **Licence Holder:** Goldshield Group PLC (trading style: Goldshield Pharmaceuticals), NLA Tower, 12-16 Addiscombe Road, Croydon CR0 0XT. **Legal Category:** P. **Price:** MRRP £5.25. **Date of preparation:** June 2001. Distributed by Crookes Healthcare Limited, Nottingham, NG2 3AA. NU295.



CROOKES
HEALTHCARE

In a series of product category reviews, Information Resources analyses the analgesics market in pharmacies. Each month, an expert from a different pharmacy group comments on how the product category is performing

Analgesics not yet proving a headache for pharmacists

The total analgesics market is worth in excess of £384 million in the UK, with 64 per cent or £244m sold through chemists (including Boots the Chemists and Superdrug).

There is now sufficient data to suggest that the abolition of RPM, by itself, has not greatly advanced the supermarkets' share position in this market.

Increased volume of brands sold as a result of headline price cuts has not resulted in significant value growth for grocery supermarkets, or impacted on overall analgesics sales.

Pharmacies have grown year on year sales by three per cent, compared to a total market figure of five per cent.

The analgesics market comprises three sectors - adult oral, paediatric and topical - and all three sectors have seen increased value sales in the past 12 months.

Adult oral is by far the largest sector within pharmacies - and the total market - contributing £179m or 73 per cent of the category's sales. Value sales for this sector have increased by 1.7 per cent in the past year, while volumes are down by 2.3 per cent.

Since a number of the top-selling products within this sector (eg Nurofen and Anadin) are now available more cheaply in the supermarkets, and these price cuts are well-publicised, volume sales of these brands in pharmacies are likely

to decline as more people buy in supermarkets.

However, there has been no wholesale price cutting across the analgesics category in grocery and a high proportion of sales will continue to depend on the advice of the pharmacist.

Own-label is a relatively important player (led by the Boots' brand) and has grown by 7.4 per cent in the last year, to over £34m.

The top four manufacturers are GlaxoSmithKline with 19.9 per cent value share, Crookes Healthcare (18.8 per cent), SSL (8.7 per cent) and Whitehall Laboratories (7.3 per cent).

The leading brand is Nurofen (Crookes Healthcare) with 18.8 per

cent of value sales. Performing very well in the total market, but less so in pharmacies, it is stretched across eight different variants and has grown by some 1.6 per cent in the latest 12 months.

Growth is being driven primarily by Nurofen Plus, Liquid Capsules and Meltlets. The most impressive growth comes from the latter, with increased sales of £1.5m.

New product development within this sector during the year has been relatively weak, and limited to smaller manufacturers. The most successful launch was Ultramol from Sterwin Medicines, which has achieved sales of £558,000 within chemists since its launch last August.

The second largest sector, paediatric analgesics, has a 15 per cent share of sales within pharmacies. Increases of 7.4 per cent in terms of value and 1.5 per cent in terms of sales are being driven by the bigger brands.

The top three products continue to dominate this market and increase their sales at the expense of smaller brands. Calpol from Pfizer/Warner Lambert is unrivalled in the number one position, with 69 per cent value share of the sector.

As with the adult variants, Nurofen for children continues to grow strongly, with sales increasing from £2m to £3m.

The removal of RPM was a blow for local pharmacists, but to date has done little to increase the influence of the supermarkets in the analgesics market beyond the progress they were making before its abolition.

Value sales in chemists (including Boots and Superdrug)

	52 w/e 18 June 2000	52 w/e 17 June 2001	% change
Total analgesics	236,894,364	243,897,076	3.0
Adult oral analgesics	175,570,288	178,515,536	1.7
Paediatric analgesics	33,443,068	35,426,488	5.9
Topical analgesics	27,881,008	29,955,052	7.4

Adult oral analgesics	% change	Paediatric analgesics	% change
Nurofen	1.6	Calpol	3.3
Solpadiene inc. Flex	4.4	Nurofen	48.6
Anadin	-2.9	Medised	7.0
Panadol	1.7	Disprol	-7.9
Syndol	4.4	Medinol	-7.5

Top pharmacy products

1. Ibuleve
2. Deep Heat
3. Radian B
4. Movelat Relief
5. Ibuleve Maximum Strength

Information Resources

Andy Carter, Marketing Controller for Numark Trading Limited

“Numark has had a positive first half of the year with steady growth in sales of Pharmacy Only (P) and Numark own brand GSL analgesic products, which have doubled in sales on many key line items, such as paracetamol tablets. Sales of branded GSL analgesics got off to a slower start, initially affected by the low prices of Numark's own-brand analgesics and later by the loss of RPM. Numark has put in place a very

effective campaign to support both GSL and P sales through point of sale materials and advertising, with dramatic results. For example, Numark Ibuprofen 24s have doubled in sales during this time. The reasons behind the increase in P analgesics are more difficult to identify, except to say that Numark has promoted P medicines more heavily over the last year - culminating in the launch of its pilot Concept Pharmacy store in High Wycombe. One of the features of the concept store is the self-selection of P medicines, where all products are merchandised together by complaint. This makes it easier for the customer



Andy Carter

to see the complete choice of GSL and P medicines available to them. Since the launch, the sales of OTC

products have increased by 40 per cent. In terms of retail design and merchandising, the new concept store is a major step forward for independent community pharmacy. Numark is also working on extending the range of analgesics under its own brand to provide innovation to the sector and greater choice for consumers. Therefore, Numark is confident of a bright future in terms of the analgesics market. We feel that, with careful retail planning, strict control over the sale of these medicines and the expert advice offered by the pharmacist, we can help independent pharmacy to maintain the analgesics market.”

NEW

disease Hypertension Gout Breathlessness Breast cancer Type 2 diabetes

Cardiovascular disease Hypertension Breast cancer Type 2 diabetes Stroke Osteoarthritis

Rectal cancer Gout Breathlessness Reflux oesophagitis Sleep apnoea Osteoarthritis

Thanks to Reductil,
enough is enough

Reductil is a new effective aid to weight loss, enabling obese patients to feel satisfied with smaller portions of food so that they eat less. Reductil has no embarrassing GI side effects and is easy to comply with, enabling patients to achieve medically beneficial weight loss.

Reductil[▼]

sibutramine

Helps obese patients control their eating

Prescribing Information (refer to Summary of Product Characteristics for full information). **Reductil 10 mg and 15 mg** (sibutramine). **Presentation:** Capsules containing 10 mg or 15 mg of sibutramine hydrochloride monohydrate (equivalent to 8.37 mg or 12.55 mg of sibutramine). **Uses:** Adjunctive therapy, within a weight management programme, for patients with nutritional obesity and a BMI ≥ 30 kg/m² and patients with nutritional excess weight and a BMI of ≥ 27 kg/m², if other obesity-related risk factors are present. Reductil may only be prescribed to patients who have not adequately responded to an appropriate weight-reducing regimen alone. **Dosage and administration:** Initial dose: 10 mg once daily. In patients with an inadequate response, the dose may be increased to 15 mg once daily. Treatment must be discontinued in patients who do not respond adequately to Reductil (refer to SPC for details), as non-responders are at higher risk of undesirable effects. Reductil should only be given for periods up to one year. **Contra-indications:** Sensitivity to product constituents; organic causes of obesity; history of major eating disorders; psychiatric illness; Gilles de la Tourette's syndrome; concomitant use, or during the post two weeks, of MAOIs, other centrally-acting

drugs or tryptophan; history of coronary artery disease, congestive heart failure, tachycardia, peripheral arterial occlusive disease, arrhythmia or cerebrovascular disease; inadequately controlled hypertension ($>145/90$ mmHg); hyperthyroidism; severe hepatic or renal impairment; benign prostatic hyperplasia with urinary retention; pheochromocytoma; narrow angle glaucoma; history of drug, medication or alcohol abuse; pregnancy and lactation; children, young adults up to the age of 18 years and patients over 65 years of age. **Side effects:** Very frequent ($>10\%$): loss of appetite, constipation, dry mouth, insomnia. Frequent (1 – 10%): tachycardia, palpitations, raised blood pressure, vasodilation, nausea, haemorrhoid aggravation, light-headedness, paraesthesia, headache, anxiety, sweating, taste perversion. Rare: blurred vision. Individually occurring cases: acute interstitial nephritis, mesangiocapillary glomerulonephritis, Henoch-Schönlein purpura, seizures, thrombocytopenia, reversible increases in liver enzymes, acute psychotic attack. A mean increase in resting blood pressure of 2.3 mmHg, and a mean increase in heart rate of 3.7 beats per minute have been observed. Clinically significant increases tend to occur early in treatment and therapy should be discontinued in such

cases. Withdrawal symptoms have rarely been observed. No evidence exists of withdrawal/abstinence syndrome or mood swings on cessation of treatment. **Drug interactions:** Caution with drugs which affect CYP3A4 enzyme activity, including ketoconazole, itraconazole, erythromycin, clarithromycin, troleandomycin, cyclosporin, rifampicin, phenytoin, carbamazepine, phenobarbital and dexamethasone. Sibutramine inhibits serotonin reuptake and should not be used concomitantly with other drugs which also raise serotonin levels in the brain, i.e. SSRIs, sumatriptan, dihydroergotamine, pentazocine, pethidine, fentanyl, dextromethorphan. Caution should be used when prescribing Reductil to patients who use certain cough/cold and allergy medications (eg ephedrine, pseudoephedrine), and certain decongestants (eg xylometazoline) due to the possibility of increased blood pressure or heart rate. 2 weeks should elapse between use of sibutramine and MAOIs. **Basic NHS Price:** 28 x 10 mg capsules £35.00, 28 x 15 mg capsules £39.09. **Legal Category:** POM. **Marketing authorisation numbers:** PL 0169/0129 (10 mg), PL 0169/0130 (15 mg). Further information is available from Knoll Ltd, 9 Castle Quay, Nottingham, NG7 1FW. **Date of preparation:** July 2001.



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Tipping the scales?

"Shifting the balance of power within the NHS – securing delivery" is an important NHS document with weighty implications for pharmacy

Pharmacists need to be aware of the speed of change planned for the NHS, warns Hemant Patel. Two weeks ago, the NHS published a paper fleshing out more of its plans for the organisational changes set out in the NHS Plan. The timetable shows that many of the major structural changes, such as the reduction in the number of health authorities, and the shift of funding to primary care trusts, will be in place by 2003. It is also interesting to note that the report makes no reference to primary care groups, as presumably, they will all have been superseded by PCTs.

For pharmacy in particular, the document suggests that pharmacy distribution could be affected and that the pharmacy contract could in future be negotiated at a local level, believes Mr Patel.

"Shifting the balance of power within the NHS – securing delivery" indicates the importance of having a pharmacy input now, he says. If there is no pharmacy representation, for example, on the new special health authorities, how will pharmacists give advice on matters such as formularies, delivery of pharmacy services, or even on rolling out the "Pharmacy in the future" programme?

One concern is how pharmacists will be engaged in needs assessment, as this will be very much related to the commissioning of services. If pharmacy is "out of the loop" of assessment, then it will be more difficult to persuade the commissioners of the services that there is a need for pharmaceutical services.

Another area to ponder is the impact of PCTs being given control of the main revenue allocations, with 75 per cent of total NHS funds being allocated directly to PCTs to secure the provision of services by 2004.

One of the results of this is that PCTs will have to manage their estates policy.

"PCTs will be able to keep funds from sales of estates and re-use that money for improving services. We will see some consolidation of GP surgeries," says Mr Patel. "It's going to have a big impact on distribution of pharmacies. The Government needs to see



Hemant Patel: We need to see how pharmacy can be community-orientated and not just community-based

how it is going to impact on pharmacy and take the necessary steps. We may see closures."

Another noteworthy paragraph says: "PCTs will engage in improving the health of the local community through community development, health promotion and education and occupational health services. They will be the lead NHS organisation for partnership working with local authorities and other partners to improve the health of local communities and to deliver wider objectives for social and economic regeneration."

This means that there has to be a co-ordinating plan at a local level, and health will not be the only sector to contribute, he says. "We need to focus on that and see how pharmacy can be community-orientated and not just community-based," he says.

Strategic leadership

The document also expands on the proposals to replace the existing health authorities with 30 special health authorities by April 2002. These would provide "strategic leadership to ensure the delivery of improvements in health and health services locally by PCTs and NHS trusts within the national framework of developing a

patient-centred NHS".

This could mean 30 versions of the NHS might develop around the country as a result. But Mr Patel points out that the Government mantra has been "National standards and local implementation", which means national service frameworks, and the quality control agenda driven by bodies such as NICE will grow in stature.

Another prospect is that with 30 SHAs, there could be 30 different pharmacy contracts. "It's not surprising the Government has held back from offering a new contract," says Mr Patel.

"We might see considerably more local negotiations, including services within Local Pharmaceutical Service schemes. People will see the benefits of a centrally negotiated fund. But they can take into account local variations and overheads if there is a clear framework from the Government of how pharmacy contracts should be conducted at a local level."

However, he adds: "I would not be surprised if the entire contract is negotiated locally."

Part of the document talks about empowering staff so they are able to develop and fully use their skills. GP specialists will provide "more complete care" in the primary care setting, "as will the extension of prescribing rights to nurses and then other professional groups". But read alongside the "Pharmacy in the future" document, Mr Patel is concerned that it will only be some and not all pharmacists who will be able to prescribe.

The Government needs to define early on who these prescribing pharmacists will be, he says.

"Is it going to be based on competence or on locality? If it's going to be competence, then every pharmacist needs to know the standards and how to achieve them. If it's locality it could marginalise some pharmacists."

"We should be pressing now rather than waiting for something to come out."

"Shifting the balance of power within the NHS – securing delivery" can be downloaded from the Department of Health website at www.doh.gov.uk. Comments should be submitted by September 7.

Survey raises concern over "at risk" travellers

Concerns have been raised that people are travelling to "at risk" holiday destinations without any vaccinations and travel advice.

Of 424 people interviewed nearly 20 per cent did not actively seek out advice on vaccinations. When questioned on why no advice was taken, 30 per cent stated they knew they were up to date with vaccinations, a quarter didn't know they needed to have vaccinations, 15 per cent assumed they were covered and a similar number were told by either family or their travel agent that they did not need vaccinations.

Of those who actually received advice but were not vaccinated, the majority was told this information by their travel agents. The travel agents are not experts in travel health and may have led to people travelling unprotected, says Aventis Pasteur MSD, who commissioned the report.

Scottish the most relaxed on holiday

The Scottish are the most relaxed when buying pharmacy items in a foreign language, says a report commissioned by the St John Ambulance.

Some 77 per cent of Scots were relaxed when using pharmacies abroad, compared to 43 per cent of people from the south of England.

The report finds that over half of British holidaymakers surveyed do not take a first-aid kit and two-thirds don't even take aspirin with them.

St John Ambulance has produced a free guide full of holiday first-aid advice, in conjunction with Aspro Clear.

New book published

Radcliffe Medical Press has published *Evidence-Based Pharmacy* by Phil Wiffen.

It explains the need for evidence-based medicine and outlines the best ways to analyse and evaluate published information. The book guides the reader in identifying the right evidence and assessing its value in daily practice, says Radcliffe.

Included is a section describing how to make best use of the internet, along with appendices providing information on website addresses and journals.

The book is priced at £19.95 and the ISBN is 1-85775-384-4.

Radcliffe Medical Press
01235 528820

Moving on

Tracey Dowe, a pharmacist with special interest in disability, explains how community pharmacists can help meet the demand for mobility equipment, which enables the elderly to live independent lives

The National Service Framework for Older People says that between 1995 and 2025 the number of people over the age of 80 is likely increase by almost a half and the number of people over 90 will double.

As the number and percentage of elderly people in the population continues to rise, the market for products to assist mobility is also likely to increase, according to a report from Mintel. Mobility products are also used by younger people with long-term disabilities.

There are two main routes to obtaining mobility equipment: through health and social services, or by buying it privately. Whether people obtain equipment from health or social services or buy it privately depends mainly on their access to an assessment of need by a health professional. It is estimated that around half of mobility products are provided by the NHS or local council social services.

Those who are disabled from birth, or who become disabled in adulthood through illness or accident, are more likely to be assessed for their mobility requirements and offered equipment, or assistance in buying equipment. Elderly people with gradually deteriorating mobility may not be identified by health or social services as needing assessment and may instead turn to the private market.

In March 2000 the Audit Commission produced a report on the provision of equipment to older or disabled people by the NHS in



www.john.birdsall.co.uk



England and Wales. "Fully Equipped" covered the NHS provision of orthotics, prosthetics, wheelchair and eating services, community equipment and audiology services.

The Audit Commission concluded that:

- there are unacceptably low standards of service in some parts of the country
- users often have to wait long periods of time for their equipment
- equipment is not always either of reasonable quality or suitable
- the services support a culture of dependence rather than autonomy
- many equipment services are small and fragmented and characterised by lack of clinical leadership and senior management involvement.

Ideally community pharmacy is about meeting the health and social needs of the local population, many of whom will be people with some degree of disability.

The 1998 survey carried out by The Office of Population Censuses and Surveys said there are 6.5 million disabled people living in the UK.

Disability groups argue that this figure should be much higher, as many people have been excluded because of the difficulty in defining disability. It is estimated that at least 8.5 million people in the UK currently meet the Disability Discrimination Act (DDA) definition.

Disability is not just about having mobility difficulties or sensory impairments; people with mental health problems, asthma, diabetes, or epilepsy may be disabled, as well as those who have rheumatism, arthritis, or have suffered a stroke.

People's needs for items of daily living equipment are normally assessed, on behalf of the local authority, by an occupational therapist. However, the definition of need and eligibility differs depending upon how the local authority has interpreted the legislation. The criteria for service provision is subject to regional variation as are the resources available and time taken for assessments. The free provision of aids varies throughout the country depending on local policies and resources. People are often encouraged to buy their own aids if the cost of the item is not too high, or it is for non-urgent activities such as leisure pursuits.

Before deciding to invest time and money into a range of disability aids, community pharmacists should carry out a "needs analysis". Points to consider include:

- the age groups of the customers who use the pharmacy
- what the spending power of customers may be
- what services already exist locally
- the local supply policies through hospitals and social services.

The range of items kept in a pharmacy may be limited by the size of the premises and not all pharmacies will be able to keep a wide range, particularly of larger items. However, even small pharmacies can provide a useful service by stocking a limited range of items and ordering other products on request.

Success in retailing independent

Continued on P20 →

When
your
customer
is
suffering
from
diarrhoea

What
do you
recommend
?

Suggested small items to keep in stock.

KITCHEN

Cross head tap turner
Universal tap turner (round and cross head fittings)
Jug and kettle tipplers
Vegetable peeler
Vegetable cooking basket
Dycem non-slip mats (assorted sizes or roll to sell individual lengths)
Incurve plate surround
Insulated mugs
Good Grip jar opener
Good Grip potato peeler
Capscrew jar opener
Rubber twister/cone
Belli-clamp

PERSONAL CARE

Dressing stick
Dorking sock gutter
Lined sock gutter (eg Easy-pull)
Button hook
Long-handled brush/comb with adjustable handle
Zip puller
Elastic laces 18" and 24"
Spring laces
Long-handled shoe horn
Long-handled toe nail scissors
Non-slip bath mats
Flannel strap
Long-handled sponge
Bath board and seat
12" plastic grab rail (with fittings and instruction sheet)
Raised toilet seat
Male and female urinals

OTHER

Plasterzote tubing
Pen grips
Key turner
Easy grip scissors
Plugmate
Handi plug
26" hand reacher
Medigrip
Pill crusher
Tablet reminders
Folding walking stick ferrules
Dycem non-slip netting

→ Continued from P19

living aids is helped by a display area which is visible and accessible to people with disabilities. Allow people to handle and try the products where possible and display catalogues and information leaflets alongside the products.

Letting people see what is available will help to create demand. Many people don't consider themselves disabled or realise that there are aids available which would



Health and social services departments may not identify disabilities that develop with age

enable them to perform everyday tasks more easily. Displaying items prominently may help those who have accepted disability as part of getting old to realise that there are products to make life easier.

It is important when stocking and selling these products to ensure that pharmacy staff have been well-trained. As with medicines, certain items require additional safety advice on their use or fitting. Organisations such as The Disabled Living Foundation and Disabled Living Centres are an invaluable source of information on aids and appliances, with professional staff at hand to offer advice to customers and health professionals. Occupational therapists and physiotherapists are experts on the use of products and can advise on which aids are recommended locally and are the best products to stock. A distance learning course is also available from the Centre for Pharmacy Postgraduate Education entitled "Living Aids for People with Physical Disabilities" which aims to help pharmacists understand the subject of disability, legislation, aids and sources of information better.

Premises

Consideration should be given to how accessible the pharmacy is for disabled customers. The Disability

disability is not just difficulty with mobility - although, wherever possible, ramps should be provided to allow wheelchair access. Disability may also be sensory. Pharmacists may wish to install a loop system for people with hearing difficulties, or use large print and Braille to provide information for the visually impaired.

Barriers are not always physical; attitudinal barriers also exist. Do staff speak to the disabled person themselves or ignore them by talking to the carer? Do they lose patience when the disabled person seems slow to respond?

Pharmacists can add value to the service offered to people with disabilities by researching thoroughly what other help is available locally. For example, where customers can get help with filling in benefits forms, how to get a needs assessment, and the services available from voluntary organisations in the area.

Organisations such as the Red Cross and a variety of support groups often help to provide equipment and may have a range of other services.

Overall the provision of services to people with disabilities is a good opportunity to improve relationships with other health professionals, build confidence in the service provided through pharmacy and raise the profile of community pharmacy locally.

Useful addresses

Disabled Living Foundation, tel: 020 7289 6111, or www.dlff.org.uk

Disabled Living Centres, tel: 0161 834 1044 or www.dlcc.org.uk

www.ricability.org.uk - for independent and unbiased information for disabled and elderly consumers - publish and research consumer guides



Disability is not always about mobility

World of silence

About nine million people – one in five adults – are deaf or hard of hearing. The Royal National Institute for Deaf People explains how pharmacists can help

One in every thousand babies is born deaf. 120,000 people in the UK have been deaf from birth or the first few years of life and many of these people use sign language to communicate. The rest – over 8.8 million – have lost their hearing later, mostly as part of the ageing process, and many of them would, or already do, benefit from hearing aids. More than half of all people over the age of 60 have some degree of hearing loss.

Causes

Most deafness is age-related and gradual and nothing can be done to prevent it. Noise is the most common preventable cause. The damaging effects of noise depend on the loudness and the length of time you are exposed to it. The effects may not be noticed until years later but they are relentless and cumulative. Noise at Work Regulations should protect workers in noisy industries, but ear protection also needs to be promoted outside work, especially among clubbers and people who use noisy DIY equipment.

Deafness as a result of age or noise exposure involves permanent damage to the tiny hair cells in the inner ear (cochlea) that respond to sound vibrations. Severe infections such as meningitis may also damage the cochlea and/or the auditory nerve itself.

There are also some conditions that simply prevent sound vibrations from getting through to the cochlea ("conductive" deafness) and these are often treatable. They include impacted wax in the ear canal, damage to the eardrum, otosclerosis – which restricts movement of the chain of three tiny bones that conduct sound across the middle ear to the cochlea – and "glue ear".



Can pharmacists help?

If someone is having difficulty hearing they should be encouraged to see their GP. People tend to delay seeking help and, unfortunately, there is still a lot of stigma attached to wearing a hearing aid.

The average age when people first start using a hearing aid is 74. They have often experienced increasing hearing problems for 15 years or more by then. People generally get on better with hearing aids if they start using them sooner. It takes some time – and support from the audiology centre or dispenser – to get used to using hearing aids and to get the best out of them in different situations.

If people who already have hearing aids are having problems, they should always be encouraged to go back to the hearing aid department, as it may be possible to adjust or change the hearing aid to suit them better. They can contact the department direct and should not need another referral from their GP.

Pharmacists may wish to contact their local NHS audiology department to see if there is any way in which they can provide particular local support to hearing aid users, eg by being trained in the basic care and use of hearing aids and earmoulds, including troubleshooting and

Continued on P22 →



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Enterprise House, Station Road, Loudwater, Bucks, HP10 9UF, UK.
Legal category: P. Ref: Kaplan et al. Archives of Family Medicine. May 1999
www.imodium.co.uk

→ Continued from P21

re-tubing

People should be discouraged from poking cotton wool buds - or anything else - into their ears. They may sometimes ask about ear drops. If someone feels that their ear is blocked with wax it is best that they first seek the advice of their GP who will check that there is no inflammation or other condition causing the problem and remove the wax if necessary. Sodium bicarbonate drops (or warm olive oil treatment) are prescribed to soften impacted wax before removal.

Associated problems

Ménière's Disease a progressive but unpredictable condition involving increased pressure in the endolymph (fluid) in the inner ear, which causes bouts of vertigo, nausea and vomiting and may lead to tinnitus and fluctuating hearing loss on one side. Various treatments and therapies - including dietary regimes, special exercises, and drug treatments - may help to relieve symptoms. Balance problems may arise from a variety of other causes, including viral infections, drug side-effects, migraine and circulatory disorders.

Tinnitus the sensation of ringing or other sounds in the ears or head, which is often, but not always, associated with deafness and can be a symptom of noise damage. Some audiology departments have tinnitus clinics, which offer counselling and various self-management strategies and therapies. RNID has a Tinnitus Helpline: Tel: 0345 090210; Textphone 0845 601 0821.

Communication

There are a number of ways pharmacists can make their services more user-friendly for deaf people and, at the same time, comply with the requirements of the Disability Discrimination Act.

The most important step is to train staff to be aware of the issues and the best ways to communicate.

Many deaf people lip-read and when talking to deaf customers staff should:

- choose a quiet place with good lighting and acoustics
- face the deaf person and make sure they are looking at you and can see you clearly before you speak - don't have your back to the light
- keep your face visible - don't look down or turn away or hold anything in front of your face while you are talking
- speak clearly but naturally, a fraction slower than normal - there is no need to shout!
- if the person does not follow or asks you to repeat something, make



An 85 year-old woman, wearing her hearing aid

the topic clear first and say it using different words the second time

● check that the deaf person is able to understand you - be patient and take time to communicate.

Staff should be prepared to write things down if necessary. Finger-spelling, although it is not the same as sign language, is easy to learn and can be very useful in communicating with profoundly deaf people.

RNID Senior Audiology Policy Adviser Angela King says deafness is invisible and therefore often misunderstood. "The barriers encountered are communication barriers. Communication is fundamental to involvement in family, workplace and community, so deafness that is not recognised can be frustrating and isolating.

"In old age, especially, it may cut people off and undermine independence and well-being.

Ms King continues: "Effective hearing aids - though they do not restore perfect hearing in the way that spectacles can restore perfect sight - enable people who are losing their hearing to have conversations without strain and vastly improve their independence, social participation and quality of life.

"Equally, barriers are overcome when people with good hearing understand how to ensure effective communication with deaf and hard of hearing people."

Hearing aids

Anyone whose hearing tests show that they need a hearing aid is entitled to free NHS provision, and in fact more than 85 per cent of hearing aid

users obtain them through the NHS.

The first step is to ask the GP for a referral. In most areas it is possible for GPs to refer people directly to the audiology department if they are over 60 and have no signs that they need further medical investigation.

Otherwise they will be referred to an Ear, Nose and Throat department first.

Alternatively, someone may buy privately from a registered hearing aid dispenser, either in a high street shop or by arranging for a home visit. Dispensers may only call on people at home if they are asked to. It is a good idea for people who think they have hearing loss to see their GP first, in case they need medical attention.

New technology

Digital technology enables signals - sounds, in this case - to be processed in ways that are not possible with conventional analogue circuits. Sophisticated digital hearing aids have several processing "bands" so that they can tailor sounds precisely to ensure comfortable listening for someone with a particular degree and type of deafness. The audiologist has to programme the aid carefully to give the best result for each individual.

One of the biggest problems for people who use hearing aids is in following what someone is saying when there is a lot of background noise. Many digital aids are designed to automatically reduce steady kinds of background noise such as the rumble of traffic or the whirr of a fan. This makes listening more comfortable, but it does not necessarily help you to pick out one

voice when many people are talking.

In noisy situations it may be helpful to wear hearing aids in both ears or use aids that have "twin" microphones. Some digital hearing aids have this kind of microphone, which can be switched between directional and all-round operation. In directional mode it is particularly sensitive to sounds directly in front of the person, helping them to focus on what they want to listen to.

NHS services

Audiology services have long been an under-resourced part of the NHS and NHS hearing aids have lagged 20 years behind the technology available in the private sector.

After a campaign by RNID, the Government is funding a two-year project to begin modernising NHS hearing aid services, in which digital hearing aids are being introduced into 20 selected audiology centres in England. This introductory phase is needed to assess which models of hearing aid are most effective and the best way of delivering the service.

The Government has also committed some funds to roll out the modernisation. Digital hearing aids from several major manufacturers have been chosen for the project. These are the same as aids sold on the high street for up to £2,000 each, but costing the NHS a fraction of this due to its bulk purchasing power.

However, many hard of hearing people may understandably be frustrated that they cannot yet obtain digital hearing aids through the NHS because their local audiology department is not in one of the 20 Trusts in the first wave.

Disposable aids

In the UK, Boots is setting up a number of hearingcare centres to dispense disposable hearing aids (see C&D, March 31 p 32). Qualified audiologists carry out hearing tests and select and fit the appropriate hearing aids.

Disposable hearing aids may appeal to people who are just starting to notice a hearing problem and who wish to wear something small and comfortable with good sound quality. These aids are suitable for a "road-test" and are not too expensive.

Pharmacists may wish to stock and display a range of leaflets and factsheets produced by the RNID on ear problems, deafness and hearing aids. Contact the RNID Helpline: Tel: 0870 60 50 123. Textphone: 0870 60 33 007. Fax: 0171 296 8199. E-mail: helpline@rnid.org.uk

You can also refer customers to the helpline for more information.

The RNID has a website with more than 100 pages of information at www.rnid.org.uk

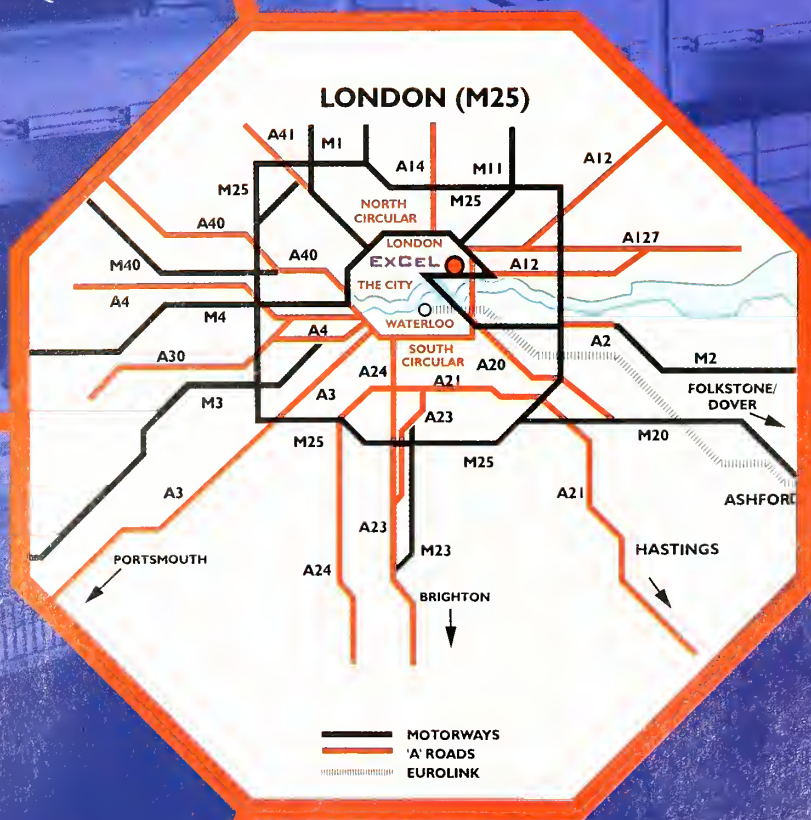
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Dr Alexander Williams of the St Thomas Medical Group in Exeter found he had his work cut out when he undertook a review of prescribing costs in his practice

Prescription for change

As a busy full-time general practitioner in a large practice of 13 partners, I have had the onerous duty of trying to contain our prescribing costs.

This has not proved an easy task but our prescribing budget, which was 7 per cent over when I started the process of change, was converted to a 5 per cent saving two years ago. The swing of 12 per cent in a budget in excess of £2 million amounted to considerable savings, some of which could be used to develop the practice.

My experiences of managing change and overcoming inertia and antagonism from my medical colleagues may be useful to pharmacists who are attempting the same process.

Fundholding

To place things in a historical context, we never got involved in fundholding, as there were too many moral, philosophical and political objections. The indicative prescribing scheme (which rewards practices which come in under budget) was always thought to interfere with the valuable doctor-patient relationship.

In the late 1990s, I became involved in our local commissioning group. It later became the primary care group and has finally developed into a full primary care trust. It soon became apparent that many aspects of primary care would be exposed to budgetary control. If we were unable to contain our prescribing costs, our budgets in other important clinical areas such as nursing and staff reimbursements would be adversely affected.

Understanding the process of change has been a great help. A model of change has been proposed by Prochaska and Dicemente.¹ Changes involve many stages, including pre-contemplation, contemplation and finally action.

To get a large group of doctors involved in this process required an away-day with the prescribing department of the local branch of the Prescribing Pricing Authority. This day was extremely useful and the PPA



team presented a comprehensive document analysing our prescribing in broad clinical areas such as cardiovascular, respiratory and GI.

We looked at high-cost areas such as ulcer drugs and compared our performance with the Health Authority average and other practices. Although this data was initially anonymised it provided quite a powerful motivator for change. We produced an outline for a short and succinct practice formulary and developed an action plan to address problem prescribing areas such as high-dose PPIs, combination diuretics and sustained release anti-inflammatories.

Partners at the practice were moving around the cycle of change at various rates. I quickly raced into the action phase, produced a formulary, and started circulating lists of patients on certain drugs to each partner to consider changes. All patients on high-dose PPIs were reviewed. We agreed to step-down medication to lower doses of PPIs, or change to either H2RAs or just simple antacids and lifestyle advice.

A regular feature of practice meetings has been a prescribing section. We continued to look at problem prescribing areas. When we agreed that all comparative data should not be anonymised, things

began to move at a faster rate. There is something quite powerful in seeing yourself at the wrong end of a graph when compared to your colleagues!

Promoting change does not please everyone, and some partners have found it quite threatening. It has been important for me not to appear too critical, so I have always tried to assure partners that they are doing very well and should be congratulated, while suggesting that there is still room for improvement.

The generic drug crisis of the past two years caused us problems and we appeared to slip back towards an overspend. It was annoying to discover that, at one stage, cimetidine was costing more than a generic prescription for omeprazole. Things like this seemed to undermine all our good work.

In addition, we have been involved in audits of secondary prevention of coronary heart disease and this led to an increase in our statin prescribing. Fortunately, our local prescribing incentive scheme now rewards this by providing an incentive payment.

As a practice we have forged a good working relationship with the pharmaceutical advisors in the PCT. They send us regular feedback about our prescribing; this includes our performance against other practices

in the PCT in areas such as the ratio of b2 agonists to inhaled steroids and bendrofluazide 2.5mg to 5mg.

This information is often presented at practice meetings. We have an annual report for the PCT on a prescribing framework and outline savings made across the PCT.

Not all the partners have been keen to move at the same pace in this process of evolution. One partner agreed to meet with a pharmacist as part of a medicines management scheme. This allowed the pharmacist to look at patients on polypharmacy and to make recommendations for change.

His reluctance to change may rest in part with his feelings that this budgetary control seriously affects his relationship with the patients.

I have recognised that change can be quite threatening and I am also aware that we often revert to our learned behaviour. There is a need to re-address areas that we have covered in the past (such as PPI prescribing).

There is no doubt that containing prescribing costs is a long-term project and that change doesn't always happen as quickly as expected. As healthcare workers, we have both a moral and professional responsibility to contain costs as there is a cash-limited budget for healthcare and we should ensure the most efficient use of limited resources.

Understanding human behaviour and the processes of change have given me useful insights in overcoming some difficult areas. One partner had described our practice as akin to a large blancmange which, in the past, used to shake and wobble, but never move.

However, our blancmange has now started moving and has gained considerable momentum and the danger now seems that we may not be able to stop.

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The silent killer

Volatile substance abuse is a serious problem. Sarah Ross, of the British Aerosol Manufacturers' Association discusses how pharmacists can help combat it

Awareness of volatile substance abuse and its risks are a key to combating the problem. Pharmacists have an important role to play, as not only are they selling products that can be abused, but they may be asked for advice.

Also known as solvent abuse or sniffing, VSA is defined as the deliberate inhalation of a volatile substance to achieve a change in mental state. Typically abused products are listed in Table 1. The most common ones are aerosols.

Solvents are abused either by direct inhalation from the container, inverting aerosols to provide a supply of pure gas, or spraying/pouring the product into a bag or through a sleeve.

It is estimated that 20 per cent of young people have tried sniffing. Most abusers are adolescents, but don't expect them all to look like the image of a "typical sniffer".

They usually start experimenting in the way children often try smoking. Some gather together with friends, others abuse alone in their bedroom.

Young people tend to know which substances can be abused. Investigations show that it is adults who are unfamiliar with the problem.

What are the effects?

Volatile substances cause intoxication through an effect on the cell membrane in a similar way to alcohol or anaesthetic gases.

Once inhaled, they are absorbed into the bloodstream and reach the brain very quickly. This results in sensations such as euphoria, confusion, unsteadiness, hallucinations and lack of co-ordination. The "high" disappears as quickly as it arrives, leaving no traces.

In the UK, about 200 non-fatal accidents each year are attributed to VSA. But VSA is unique among drug problems in that the most common complication which brings the abuser to notice is sudden death. For some age groups, this exceeds the number of deaths from leukaemia, pneumonia and drowning put together.

There are a number of physical reactions that can prove fatal. Concentrated inhalation of the volatile substance, for example, can

cause an abnormal heartbeat, with the outcome that the heart ceases to pump blood, breathing is depressed, the oxygen supply is blocked, and there is a reflex stopping of the heart through a cold spray of a volatile substance being taken into the mouth and stimulating the vagal nerve.

Other risks include falling while intoxicated, suffocating from inhaled stomach contents, or in the bag that is being used to concentrate the vapours, or being burnt if the substance explodes.

Death can strike the first or the 100th time of abuse and it is estimated that up to 40 per cent of the recorded deaths happen the first time it is tried.

Long-term use can result in damage to the brain, the optic nerve, the inner ear, muscles, peripheral nerves, liver, kidneys, lungs and bone marrow.

The law and you

In the UK, the Intoxicating Substances Supply Act and the Solvent Abuse (Scotland) Act makes it a criminal offence for retailers to sell an abusable product to someone under 18 if they suspect that it is going to be abused. Trading Standards Officers have started to send young "decoys" into shops and supermarkets to see if they can, for example, buy three cans of deodorant without question.

Constant re-education of retail staff is vital. Health Promotion England provides a pack of information for retailers (020 7725 9030).

Identifying the abuser

Spotting potential abusers is not easy, but you should carefully watch if teenagers are standing around counters where aerosols or other solvent-based products are displayed.

Try to note if the same person comes into your shop frequently to buy these products. Do not assume that all sniffers are boys. Figures suggest that just as many girls sniff.

Traces or the smell of solvents on clothes or breath are an obvious sign, as well as drowsy, vacant or glazed expression in the eyes, unsteadiness, slurred speech or signs similar to drunkenness.

Requests for plastic bags at the same time as solvent-based products are sold should raise your suspicions.

Products often abused

Table 1

Gas lighter fuel
Aerosols

Deodorants/antiperspirants

Pain relief spray

Air freshener

Hairspray

Insect spray

Paint

Glue

Glues

Typewriter correction fluid

Chloroform

Petrol

Dry cleaning fluids

Plaster remover

Nail varnish

Staff training

Make sure counter staff know which products are subject to abuse and that they understand the law. Be vigilant - abusers often steal.

If you are asked for advice, recommend local social services or any of the agencies listed below.

Outbreaks of solvent abuse sometimes occur in a particular area and retailers can contain the problem by working together. Prominent notices indicating that the retailer has the right to refuse the sale of certain products may have a deterrent effect.

New labelling

A new label has started to appear on aerosols and other abusable products: "Solvent abuse can kill instantly". The wording was the result of a research project funded by the Department of Trade & Industry.

Agencies that can help

The National Drugs Helpline (tel: 0800 776600) provides leaflets and advice on VSA, and details of local agencies. It is free and confidential.

Drug Scope (tel: 020-7928 1211) publishes a leaflet on VSA.

Re-Solv, The Society for the Prevention of Solvent and Volatile Substance Abuse (tel: 01785 817885).

● Re-Solv has developed a new online training course about solvent abuse for health professionals. To register on the free course visit the Re-Solv website at www.re-solv.org

Calpol meets needs of Pharmacists and GPs

Calpol, the number one paediatric analgesic, is driving a market leading initiative to change the treatment of immunisation. In direct response to requests from pharmacists and doctors, Calpol has secured approval from the Medicines Control Agency to change the recommended dose of paracetamol suspension for treatment of post-immunisation symptoms in children from two months.

For the first time pharmacists can confidently recommend a **second** 2.5ml dose of Calpol Infant Suspension four hours after administering the first dose for babies from two months. This second dosage will allow consistent relief from pain, fever or high temperature, symptoms that often develop after vaccination.

From August, these changes will be featured prominently on packs of Calpol Infant Suspension. As immunisation is one of the first entry points for parents seeking medicines for their child, on pack communication together with pharmacy recommendation will play a vital role in parental reassurance.

To help support and inform pharmacists and parents about vaccination, Calpol has developed an information leaflet 'Immunisation For Your Child'.

Free leaflets are available from the

Warner Lambert Advisory Bureau on 0238 0628274.

New packs of Calpol Infant Suspension will be available from August.



Product information: Calpol Infant Suspension and Calpol Infant Sugar-Free Suspension contain 120mg paracetamol per 5ml. **Uses:** Treatment of mild to moderate pain (inc teething pain) and as an antipyretic. **Dosage:** Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. **Children 1-6 years:** 5-10 ml; **3 months-1 year:** 2.5-5 ml; **infants under 3 months:** a single 2.5ml dose for fever after vaccination at 2 months. A second dose may be given if necessary after 4-6 hours. In other cases, speak to your doctor. **Legal category:** 70 and 140ml bottles. **P. Sachets:** GSL. **PL holder:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **PL nos:** Calpol Infant Suspension: 15513/0004; Calpol Infant Suspension Sugar Free: 15513/0006. **ALWAYS READ THE LABEL/LEAFLET.**

Recent media reports have suggested that most new medicines marketed in France last year were ineffective. P M W Clarke looks at the facts behind the headlines

French concoctions

A stark headline in one of the French national dailies caught the eye recently, with the blunt suggestion that 80 per cent of new medicines marketed in France during 2000 were useless. The headline was followed up by a five minute peak time television news report. So why are the French getting so upset about their medicines?

The French government, it is true, has been determined to reduce the cost of medicines in the country's relatively expensive, though excellent, health service. The first option the Ministry of Health chose in 1999 was to start to classify medicines according to their efficacy, hence the point of the newspaper article.

Since then, it has gone further by promoting generics and permitting pharmacists to substitute. Over-the-counter self-selection has been encouraged, and some items have been switched from the Prescription Only list as in the UK. The government seems to be encouraging internet pharmacy, according to the Syndicat Nationale d'Industrie Pharmaceutique (SNIP).

More recently it has, in effect, started a blacklist, where medicines are minimally reimbursed to the patient by the Sécurité Sociale. Eventually this will lead to such products being withdrawn from the market as patients increasingly object to paying the additional cost. Recently the Ministry of Health has listed a group of drugs which will see their reimbursable price arbitrarily cut by 20 per cent.

Value for money

During 1999, Martine Aubry, the daughter of Jacques Delors and the minister in charge of Employment, Solidarité and Health, ordered the French national drug agency to assess the 2,600 drugs which are prescribable on the French market. About half the number were examined and 25 per cent were deemed to be of doubtful medical benefit. This was covered by the report mentioned above, in 1999.

Other non-governmental agencies have provided similar studies, including the respected medical

revue, *Prescrire*, which is independent of both industry and government. It is staffed by a team of doctors and pharmacists, and its findings are perhaps just as critical.

Prescrire has been conducting studies of each year's batch of new drugs for 20 years. Over the two decades, using a simple assessment, *Prescrire* has examined 2,257 products. Both the average figure for each assessment classification over that period is given in table 1, along with the that of the 725 products examined in 2000.

A bumper year was 1996, when 16 out of 154 drugs assessed were classed as "interesting". Half of those with such an accolade were for the treatment of helicobacter pylori and gastric ulcers. In the commentary many of the medicines are named, with detailed criticisms, and mention

of "me toos". Credit is also given where it is due.

It was *Prescrire* that issued this year's "bilan" (literally balance sheet) for new branded drugs marketed during 2000. Although the picture did not differ markedly from previous years, it caught the headlines. The press, somewhat provocatively, converted assessments 5, 6 and 7 above as "useless".

Lower reimbursement

In general, when a medicine is dispensed by a pharmacist, the patient pays the full price to the pharmacy, then the Sécurité Sociale refunds 65 per cent of the sum to the patient. If anything happens to reduce this refund, the patient is going to ask questions.

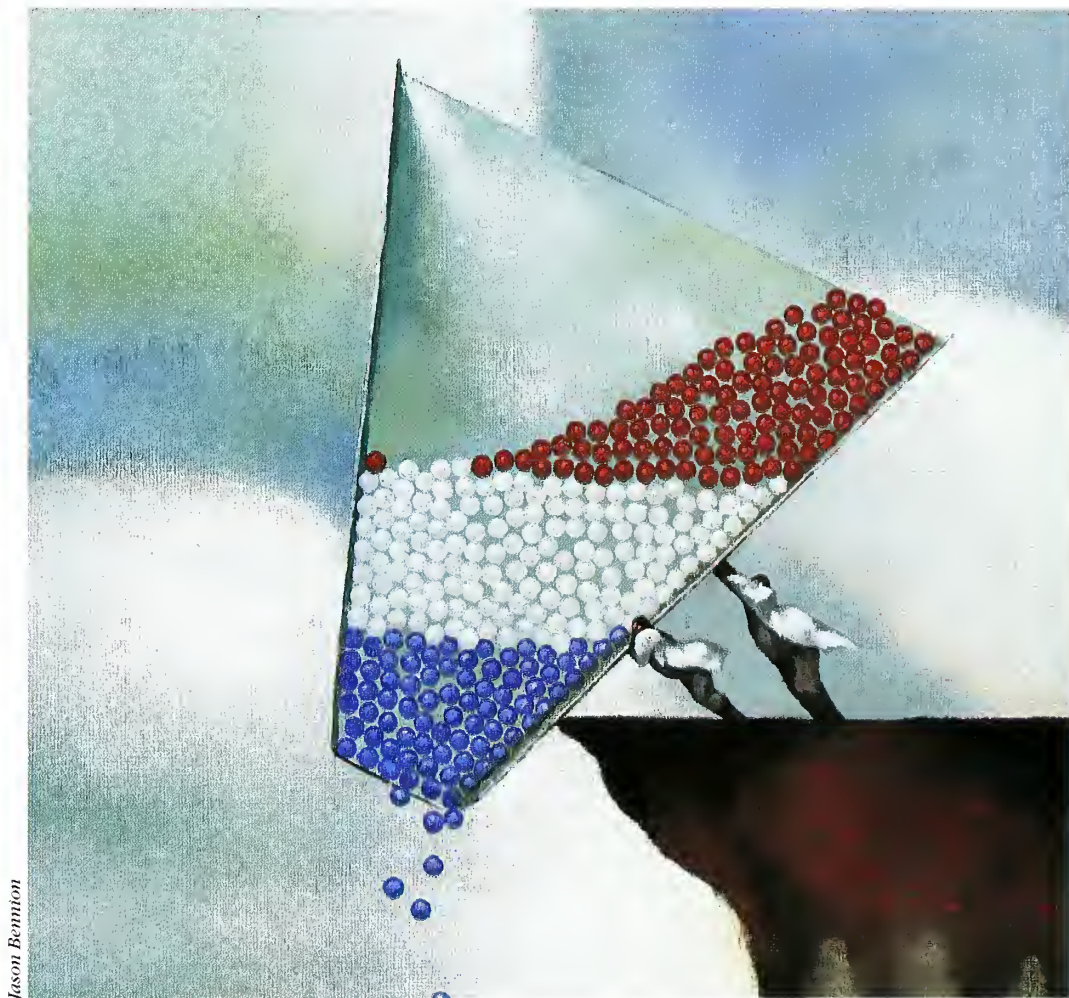
In August last year, in a dramatic step, it was announced that as a result

of the study by the national drug agency (Agence Française de Sécurité Sanitaire des produits de Santé), a list of 148 drugs assessed as sub-efficacious were to be reimbursed at only 35 per cent with almost immediate effect in September.

Those listed were minor products, certain vaso-constrictor/dilators, and so-called veinotoniques and Ginko formulations, etc. They were not banned, but in effect, the result will be the same.

On the political front, the minister found herself on the spot, because nearly all the products affected by this semi-blacklisting are produced by small family-owned firms which face likely ruin and employee layoffs.

Another policy change is to reduce the prices paid by the state by 20 per cent for a further batch of drugs, assessed as SMR-service medicale



Jason Bonington

endu. This time, however, the effects are to be phased in over three years to enable manufacturers to adjust to the situation. The savings envisaged are in the order of £100 million.

Generic prescribing

In the UK, generic prescribing has been a success as far as reducing NHS costs is concerned. It has not pleased the UK manufacturers of branded drugs nor, in some respects, the generic companies themselves. The competition appears to have lowered prices too much, and affected the viability of smaller firms and availability of products.

Generic prescribing and substitution in France is nowhere near as successful. The policy was always a compromise between industry and the state. The problem was, and still is, that one part of the government (DGCCRF - roughly equivalent to a national trading standards agency) - has defined a ceiling on the price differential that can apply between unbranded generics and branded products, presumably to avoid a serious impact on manufacturers. This policy naturally limits the increased use of generics. It has caused frustration among health officials keen to see greater use of cheaper medicines.

In UK, the price of a generic equivalent can be significantly less than the branded price, but in France,

Table 1

1. **"Bravo"**
2. **Interesting**
3. **Got something**
4. **Eventually useful**
5. **Nothing special**
6. **Cannot decide what**
7. **Not liked**

reserved for an exceptional innovation showing important therapeutic properties, within limits yes, some useful aspects but limited, unlikely to overturn the current treatments in its field therapeutically nothing special, there may be cases where the doctor could consider it over current treatment minor chemical change from existing therapy with little to offer, or is only a copy must reserve judgements on these no obvious advantage to using them

Av	2000
(0.3%)	0
(2.96%)	1.5%
(8.6%)	3.4%
(17.59%)	9.2%
(63.23%)	83.3%
(2.57%)	0.7%
(4.83%)	1.9%

it is likely to be less than 20 per cent cheaper. The ceiling has been welcomed by the health professions, but is viewed as a retreat by the health ministry from its original plans. The manufacturers of straightforward generics are not seeing much benefit, and it is possible that some may fall by the wayside.

Substitution by pharmacists is patchy, and the minister has announced that steps are to be taken to persuade recalcitrant pharmacists to co-operate.

A pharmacist receiving a script for a branded antibiotic, for example, can suggest to the patient that there is an alternative generic presentation. If the patient has no objections, the alternative is supplied. The pharmacist receives the same margin as for supplying the branded item. The patient will pay slightly less so is not

often likely to disapprove. Doctors can specify on the script if they are opposed to substitution.

Industry response

As can be imagined SNIP, the French equivalent of the ABPI, is less than happy with the sparse consultation and with the reasons given for ministerial action. It pointed out at a press conference in Paris at the end of January that 2000 was a good year for innovations on the part of the industry.

Of the 220 new medicines given licences, 160 were accepted because they had financial advantages, the rest because they showed therapeutic advances. Highlighted by SNIP was an advance in AIDS therapy, hepatitis B and C, rheumatology, ophthalmology in the elderly, osteoporosis, and in chemotherapy.

For 2001 they have promised more of the same in the fields of cardiology, anti-plaque medicines, hypo-lipids, leukaemia and rheumatoid arthritis. They made the point that the 9 per cent increase in the medical budget was average for the developed world and was similar to that of the UK, and much less than Canada, for example, at 16 per cent.

The immediate future


Martine Aubry has left government to become the mayor of Lille. Her replacement, Elizabeth Guigou, has given the responsibility for health matters to Bernard Kouchner. He is a doctor more widely known as the founder of "Médecins sans frontière". With elections next year it does not seem likely that more drastic measures will be taken by him this year to decrease ever escalating costs.

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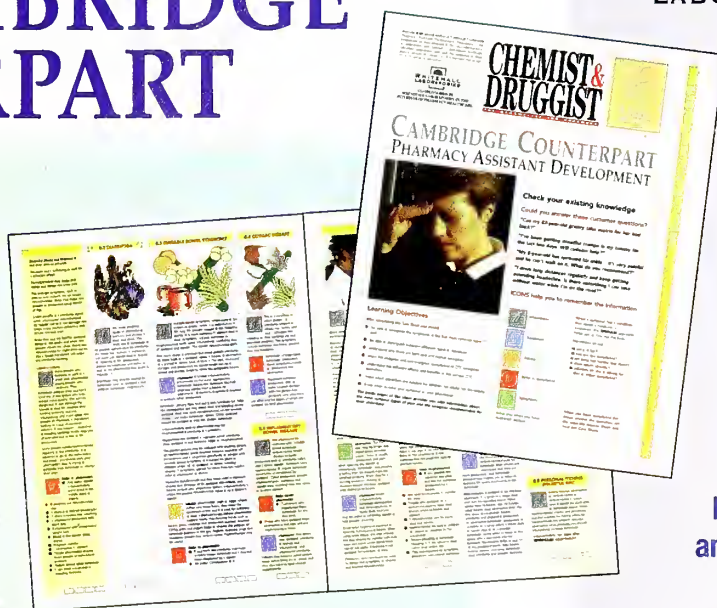
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Moss unveils first Total Health store

P-medicines on self-selection will eventually form part of the Moss Total Health concept, whose first store was opened last week in Cannock, Staffordshire.

While Moss said it would pilot the open display of P-medicines in the store, the initial design stops just short of doing so.

Although P-medicines and GSL-lines of the same therapeutic category are merchandised together, the P-range is being kept behind plexi-glass doors for the time being.

"Once the store is up and running properly, and we feel entirely comfortable, we will trial it [P-medicines on self-selection] and remove the plexi-glass," said Sue Rockhill, Moss's marketing director.

Furthermore, an intercom system installed in the so-called "medicines zone" is designed to ensure pharmacist supervision by proxy.

The intercom is linked to a cordless phone or earpiece, enabling the pharmacist to listen to advice given by pharmacy staff and, if required, intervene at any point.

"We have to take a cautious approach and it will be very much a controlled trial," Ms Rockhill said, adding that the plexi-glass system gave Moss the flexibility of closing the P-section whenever necessary.

Meanwhile, a clear healthcare focus is noticeable throughout the 120m² store. The non-core ranges of toiletries, female hygiene and baby products have been reduced significantly and the store only carries a limited number of key lines, such as nappies, sanitary products, medicated haircare and skin-care products.

The store is divided into five main health zones including the medicines zone, the complementary remedies zone, the health information zone, the footcare zone and the dispensary. Each zone is designed to cover a distinct therapeutic area with a defined range of products.

"Accessibility" is a key aspect of the Total Health concept in terms of services, information provision and advice from the pharmacist.

Extended opening hours are important to the concept. The pharmacy is open 365 days a year - until 8pm on weekdays, 7pm on Saturdays and from 10am to 1pm on Sundays.

The emphasis is on the pharmacist being out of the dispensary, concentrating on providing additional services and advice.

The prescription collection counter has been reduced to a small console, in order to remove the barrier between the patient and the pharmacist.

A consultation room has been integrated into the store, where blood pressure measurements, cholesterol testing and a thorough heart check can be carried out. The pharmacy also offers an on-site methadone consumption service. A half hour consultation is charged at £20.

The dispensary is designed to ensure an efficient flow of the dispensing process, and is divided into three streams: waiting prescriptions, to be collected prescriptions, and nursing homes.

With healthcare information and advice being a key characteristic of the concept, a range of topical books and CDs is complemented by a range of educational videos, which can be rented (£3/two nights). A touch screen information kiosk located near the

complementary health zone provides details of over 3,000 healthcare topics.

Finally, information regarding seasonal product ranges and the services available at the pharmacy are relayed to a large plasma screen, which also shows whether a prescription is ready for collection.

The concept also features a state-of-the-art Scholl treatment room with a chiropodist on site two days a week, a heart health check touch screen console and a direct telephone line to a mobility aid supplier.

"Total Health takes into account the Government's NHS strategy, to give the patient greater accessibility to healthcare and to empower them to make healthcare choices," said Cathy Wagg, Moss's marketing development executive.

Paul Oubhie, the pharmacy manager, added: "We need to change the way pharmacies look and how we work. We have got to take that risk and show



Pharmacy manager Paul Oubhie advising a patient

that it can work and maybe make a difference".

Tricia Kennerley, Moss's NHS services director, said the new concept put increased demands on staff in terms of skills and attitude and could have an impact on the chain's recruitment criteria.

However, before any decisions are made regarding the roll-out of the concept in its entirety, or in parts, Moss intends to open a second store in Norwich in September and will assess the results of the both pilots carefully.

The second, slightly smaller store will be located within a Waitrose supermarket, but beyond the till point as a concession.

Ms Rockhill admitted that not every branch would lend itself to the entire total health concept but that the subdivision into health zones made it easy to pull certain elements out.

She hinted too that the success of the Total Health concept could have an impact on Moss's acquisition strategy. "It could dictate our purchasing," she said.

The Total Health concept could in time be rolled out to UniChem's inde-



Defined 'healthcare zones' in Moss' new concept store

PCGH to get £400,000 cash injection

Primary Care Group Holdings (PCGH) shareholders have sanctioned a vital £400,000 cash injection during an Extraordinary General Meeting in an attempt to solve the company's serious financial difficulties (C&D August 4).

PCGH's executive chairman, David Taft, insisted that the latest financial boost provided the company with the necessary resources to continue the work PCGH is doing on medicines management and on developing computer systems.

Mr Taft blamed the company's financial troubles on expenses incurred for

setting up a call centre and investment in computer systems. The call centre, which is staffed by pharmacists and technicians, is aimed at customers in the Tamworth area, allowing them to register for medicines management services.

The eight shareholders present at the EGM (out of a total of 130), most of whom were directors of the company, also agreed on a reduction in staff as part of the cost cutting measures. Mr Taft said that two pharmacists and one receptionist had left the company.

The EGM also changed the compa-

ny's financial forecast for the period up to May 2002 and Mr Taft was confident that PCG would be in profit by November.

The EGM had become necessary after the company's net assets had fallen to about half the value of its called up share capital.

When the company floated on the OFEX stock exchange in June 2000, it was valued at £5.8 million with shares trading at 50 pence each. The company's current share price is 25.5 pence, giving it a total market value of £2.96m.

Pharmacy sales jump in July

Pharmacy sales in July regained some of the ground they lost in June, according to the latest *Distributive Trade Survey* published by the Confederation of British Industry (CBI).

Fifty-nine per cent of the pharmacists questioned said sales had been higher than a year ago and only 15 per cent reported a fall. The remainder (26 per cent) reported static sales.

The balance of plus 44 compares favourably with last month's balance of plus 23 and is a marked improvement on July 2000 (minus 34).

In general retail sales grew faster in July than had been expected and at the highest rate since May 2000. However sales are expected to grow more slowly in August. The survey continues to demonstrate the strong underlying trend in retail sales volumes.

CBI's associate director of economic analysis, Sudhir Junankar, said: "Today's survey is further evidence of the two-speed economy, with retail sales remaining strong while manufacturing output continues to decline."

IN BRIEF

Lloydspharmacy acquisition

Lloydspharmacy has acquired a chain of eight pharmacies in Northern Ireland, which were previously owned by Heron Chemists. The pharmacies will be slowly integrated into the company and be re-branded in the coming weeks. The acquisition brings the total number of Lloydspharmacy pharmacies in Northern Ireland to 10.

PATA office closes

The Office of the Proprietary Articles Trade Association (PATA) in Watford will close on August 31 and no telephone or fax line will be operational after that date. The PATA Trust can be contacted on 01753 840892 until such time as it can legally be closed.

Outstanding pharmacist

UniChem has launched its annual search for the pharmacist offering the most outstanding service in terms of service, advice and care. Customers can nominate their favourite pharmacist for the Healthy Times Reader Award until September 21. Nomination forms will be included in the August issue of *Healthy Times*, UniChem's in-store customer magazine. The awards ceremony will be held at the Metropole Hotel, Birmingham in November.

UniChem offers a 'simple' stakeholder pension

UniChem has launched its own stakeholder pension scheme, which is run by pension and investment specialists NPI.

The scheme includes a maximum management fee of 0.85 per cent and offers a choice of four different funds with varying risk factors.

Under the Lifestyle fund option the money is invested in a portfolio of managed funds with relatively low risk. UniChem expects this to be the most popular choice, anticipating that around 75 per cent of its employees will opt for this fund.

The Tracker Fund tracks the stock market performance, while the Equity Fund is essentially a higher risk version of the Lifestyle Fund. The fourth option is a Fixed Interest Fund, which is similar to an interest bearing savings account.



John Jaquiss, controller of UniChem Commercial Support

"The scheme focuses on simplicity, with four quality funds and optional investment flexibility for investors seeking higher potential returns through greater risk," said John Jaquiss,

UniChem Commercial Support controller.

The UniChem stakeholder pension scheme is also accessible on-line, enabling pharmacists to follow the developments in the performance of their stakeholder pension or even switch funds.

The scheme is open to UniChem customers, as well as employees of companies within the Alliance UniChem group, such as Moss Pharmacy, Elder Laboratories and OTC Direct.

Stakeholder pensions will become mandatory for employers with more than five staff from October 8. Non-compliance carries a potential fine of £50,000.

For information about the scheme, contact Phillip Warner at Commercial Support on 020 8391 8112 or by e-mail on phillip_warner@unichem.co.uk

AAH provides unmetered access to the web

Pharmacists can now gain 24 hours of unmetered internet access through a new service launched by AAH Pharmaceuticals.

AAH Point Gold 24 is available to subscribers of AAH Point and, for a monthly charge of £14.99, allows unlimited access to the internet at any time of the day.

AAH, which under the scheme would act as the pharmacists' internet service provider, said that, because of the smaller number of users, the connection to the web will be fast and reliable.

"Our new service will provide a cost effective and secure link to the web, and is complementary to our online information and ordering facility, AAHPoint," said Ian Bray, marketing director of AAH.

AAH is currently working on a sister product, AAH Point Gold 12, which

includes unmetered internet access between 6am and 6pm. While the cost of the scaled down service is still to be determined, AAH Point Gold 12 is due to be launched later this year.

Current AAHPoint subscribers wishing to sign up for the Gold service can do so by following the instructions on the site's "What's New" section, or the e-mail link in the partners section. Further details are also available by contacting Daniel Ibeziako at AAH on 024 7643 2475.

Meanwhile, AAH has also strengthened its independent sector sales force by appointing nine new members to the 31-strong team.

The new appointments include four business development managers, two regional development managers as well as a regional sales manager, a national sales manager and a training and development manager.

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The same difficulties resulted in the Chemex exhibition site: www.chemex2001.com being offline for a short period. You can find the latest exhibition news and register online at this site.

Tesco purchases natural remedies specialist

Tesco has bought a 50.1 per cent stake in Nutri Centre, the London-based natural remedies specialist, for £2.93 million. The store will form the basis of a new company, The Nutri Centre, owned by Tesco.

Tesco said that 85 Nutri Centre products would be available on clear branded shelves in 50 of its stores from this week, before rolling out the selected range out to around 100 branches by the end of October.

All stores earmarked for the rollout have an in-store pharmacy and that pharmacists and pharmacy staff will be trained in the new product range bringing the Nutri Centre range to Tesco, the supermarket chain said it is building on its own, but limited, range of complementary products.

All 22,000 products in the Nutri Centre range, consisting of vitamins, minerals, herbal remedies and homeopathic products, will eventually be made available via a new mail-order catalogue and via the internet at www.tesco.com.

The catalogue is expected to be ready by October while no firm date has been set for the online launch.

Nutri Centre, currently operating a shop below the Hale clinic in London, as well as a mail order service, was founded by pharmacist Rohit Metha.

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Moss strikes gold

What have Moss Pharmacy and Sir Steve Redgrave got in common? OK - Moss hasn't won five Olympic gold medals but it has won the Dragon Boat challenge for five consecutive years.

On July 21 head office and branch staff, with help from their families and friends, took up the Imperial Cancer Research Fund Dragon Boat challenge at Henley-on-Thames.

The two teams, Moss Dragons and Moss Firebirds, have been training once a week since the beginning of May. Their hard work was rewarded as they both reached the final, with Moss Firebirds narrowly clinching victory. In doing so they beat off some tough



Sara Packham presents a Moss T-shirt to Sir Steve Redgrave



Moss Dragons (1) with winning team Moss Firebirds (2) behind

competition from 14 other businesses, including IBM and Ladbroke's.

Both Moss teams hope to raise more than £2,000 for the Imperial Cancer Research Fund.

During the day Sara Packham, Moss's crew manager, presented Sir Steve Redgrave with a Moss Crew T-shirt, in recognition of his five gold medals.

The triumphant

teams are not resting on their laurels - their next event is the Dragons Alive charity finals on Sunday, September 23, at Dorney Lake, Eton.

The drinks are on Neil

The winner of this year's Phoenix Quaich golf tournament is Neil Duff, a Numark pharmacist from Patna, Ayrshire (below, centre), holding the Phoenix Quaich. Runner-up was Keith Clark (right), whose wife is a pharmacist in Ferry Road, Edinburgh and Bobby Williams, another Numark pharmacist from East Kilbride, was third. The event was sponsored by Alpharma. Fortunately, Phoenix Medical Supplies has provided a definition of the word "quaich" for all the Sassenachs: it is a drinking cup used when offering a guest a cup of welcome, and again when offering the parting drink.



APPOINTMENTS

Gary Paragpuri has joined C&D's editorial team as a reporter. After qualifying in 1989 he completed his pre-registration training in independent pharmacy. He has more recently been working for Moss Pharmacy and Safeway pharmacy.



Julie Deakin, formerly with AAH Pharmaceuticals, has been appointed sales controller of Phoenix Healthcare Distribution.

AstraZeneca has appointed **Jane Henney**, former commissioner of the US Food and Drug Administration (FDA), to its board of directors. Ms Henney, a medical doctor, is currently a senior scholar at the Association of Academic Health Centres in Washington, USA.

John Sargent has joined Nutrilife as national account manager from Chemist Brokers. Mr Sargent will help launch new products under the NatraHealth brand.

Mawdsleys has appointed two former nurses to its hospital contracts team. **Deborah Haselden** becomes business development manager for the north of England and **Angela Cosgrove** takes responsibility for the south.

Oxford Natural Products has made two appointments. **Dr Sandy McKnight**, who joins from Pfizer, has been appointed research director and **Tauhid Ali** joins the development department from Shire Pharmaceuticals.

Sir John Sulston has been appointed a member of the Human Genetic Commission and **Barry Mellor** is the NHS Logistics Authority's new chief executive.

DoH on feng shui lines

Can it really be true that the Department of Health has contemplated re-styling its Whitehall headquarters along feng shui lines?

The West still has to come to terms with the Eastern philosophy for living well, but surely with the emphasis on clinical governance which is being instilled into the NHS, the DoH should be looking at the evidence base for such a radical change?

Claims that it can improve your health, wealth and happiness by use of colours, materials and compass points really should not be espoused by Richmond House until NICE, or some such appraisal body, has given it a good seeing to.

In the mean time, perhaps the DoH should re-examine its use of consultants who were able to persuade the mandarins and ministry that feng shui could help improve the nation's waiting lists.

Cambridge Counterpart celebration

Pharmacy assistant **Balkees Khanam** is the winner of a bottle of champagne in the latest Cambridge Counterpart draw. Balkees, who has returned to work after having three children, works at Whitworth Chemist in Nelson, Lancs. The bubbly will no doubt come in handy, as she likes to entertain family and friends. **Alison Cruickshank**, Whitehall territory manager, made the presentation.

(L-r) **Donna Taylor**, supervising pharmacist, **Alison Cruickshank** and **Balkees Khanam**. The scheme is sponsored by Whitehall Laboratories.





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